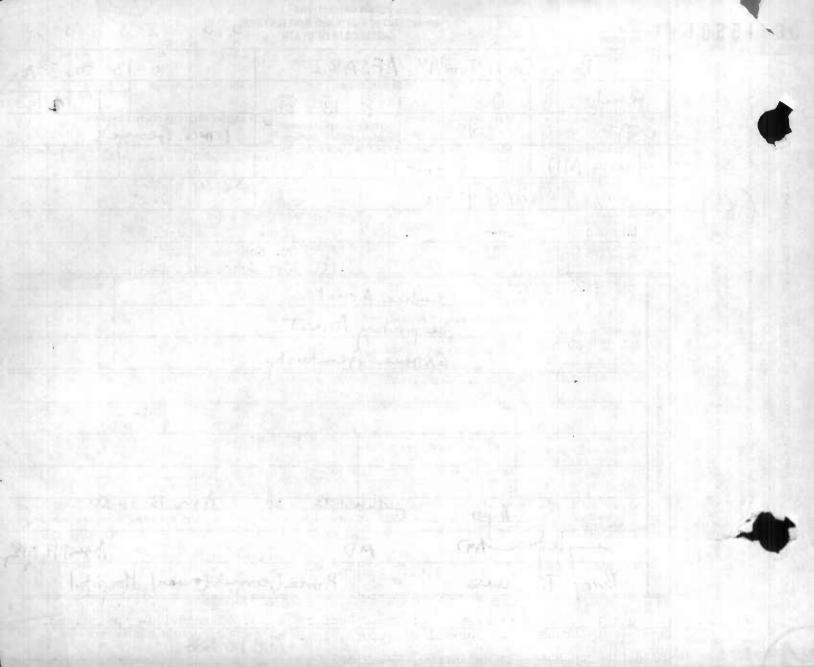
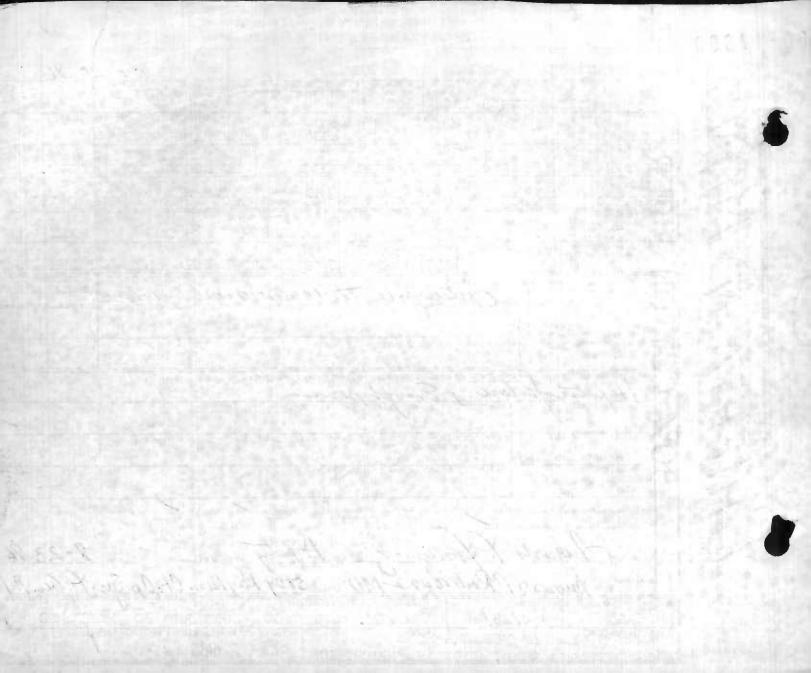
| | | | | | | | OF MARYLAND | | | | |
|---------------|--|---------------|---|-------------------|------------------------|--------------------------|--------------------------------|--|------------------------|-------------------------|--------------------------|
| 00 | -15501 | 1 | FOR STATE | | DEPAR | | EALTH AND MENTAL HYGI | ENB 6 | 2 3 | 0 8 | 2 |
| 0 0 | 10001 | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 0. | 0 | |
| | 0 m = | 1. DE | CEASED NAMED FIRST | - 1- | MIDDLE 1/1 | Acc | AST | 20. DATE OF DEATH | MONTH DAY | | HOUR |
| | poge r deat | | 1, | JIVI | Twin'A" | MES | ARI | | 8 13 | | 32/1 W |
| | E . <u>0</u> | 3. SE | to. 1 | 1. RACE | | 5. DATE C | | 6. AGE IN YEARS LAST BIR | THDAY) IF U | | UNDER 24 HRS |
| 4 | oge 4 | | tenele | 0 | | 8 | 13 8b | | YRS. | | 50 |
| | leath. Po | 70. B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY | 7 8. MARRIE WIDOWE | D NEVER MARRIED | PALTIMORE CITY O | George | 1 | MD. |
| 103 | by the full with filled with | 10 (| leverly, MD | | HOSPITAL, NURS | ET ADDRESS) | PROTHER INSTITUTION | 12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C) N/A | ON OF WORKING LIFET | 126. KIND OF BUINDUSTRY | |
| MARYLAND 2120 | CHIS | 13a. | AL RESIDENCE IF NURSING HOME OR STATE NAME OF N | OTHER INSTITUTION | 13c. CITY OR TO | ORE ADMISSION) | 138. INSIDE CITY LIMITS? | STREET ADDRESS | Court | 07/5 | and the second |
| RYL | 等 等 12 / | 14. F | ATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | NE MIDDLE | | LAST | |
| WA | MADO | | Mohamad | Afsar | (45) | | Iffat | | tana | [ASI | |
| ORE, | ond c | | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | URITY NO. | 17. INFORMANTMr. MC | hamad Afra | SS I | THE TAX | |
| IBMC | be e | | VES NO OR UNKNOWN) (IF YES, OIV | | N/A | | 511111 Elon (| Court Balt | imore, | MD. 207 | 715 |
| BAL | open open vol. | | 18. CAUSE OF DEATH (Enter on PART I. DEATH) WAS CAUSE | ly ane cause pe | r line for (a), (b), o | ind (c | | | 4 | METHYSHI ONGO | |
| ST., | on ph emo | | | E CAUSE (a) | (and | ice A | riest | | | | |
| NO | th ce corb or or or | | | DUE TO, C | R AS ACONSEO | UENCE OF | A -+ | | | | |
| REST | dea offe offe offe offe offe offe offe of | | Canditians, if any, which | ((b)_ | Kesp | , respons | Amest | | | | |
| × . | the the | | gave rise to immediate cause (a), stating the | DUE TO, O | R AS A CONSECU | UENCE OF | 6. 1 1 | | 5206 | | |
| 201 V | d by d by leos ref. o | | underlying cause last. | (c) | EXT | ene. | freme pun ty | | | | |
| | signe hen p no bur | z | PART 2 OTHER SIGNIFICANT C | CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE MI | NAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| RECORDS | been mit. If | CERTIFICATION | 19a DATE OF OPERATION | TINE COND | NITION FOR WHIC | H OBERATIO | N WAS PERFORMED | 20g AUTOPSY? | Table 15 MES 14 | ERE FINDINGS | |
| REC | os bos b | FIC | DATE OF OPERATION | 179 CONU | IIION FOR WHIC | H OPERATIO | N WAS PERFORMED | | IN CERTIFYIN | IG CAUSES OF | DEATH? |
| ITAL | The note that the state of the | ERT | 210, ACCIDENT WAS UNDERLYING | 21b. TIME C | OF INJURY | | 216 HOW INJURY OCCURR | YES NO | YES [| | 40 🗆 |
| OF V | phys physical physica | | OR CONTRIBUTING CAUSE OF DEA | HOUR A | M. MONTH | DAY YEAR | THE THE THE PART OCCORN | LD (ENIER MAIORE OF INJU | IT IN HEM IB PART | ORPARI 21 | |
| NO | ding ding is cer buring Meni | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | | .M. OF INJURY | 19 | 211 LOCATION | | | | |
| DIVISION | O Pt | N. | WHILE NOT WHILE AT WORK | (AT HOME, ST | REET, FACTORY, OFFICE | FARM ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| ā | Aft Aft Mount | | 220.1 certify that (I) (this haspit | tal) attended th | ne deceased from | Aus | ust 13 10 80 | 10 Arrest | 13 10 | 86 that | t il) (we) last |
| 7 | CTOR I for up of He | | saw the deceased alive an | Lugue | + 13 19 | | d that in (my) (our) apinian d | eath accurred of the do | ate and haur an | | |
| | bed bed | | obove, (IVINe) (did) (did na 22b. SIGNATURE | I view the bady | after death. | | DEGREE | | | 22 DATE SIG | |
| | the the Dietoc | | 100 | men | M) | M | D ATTENDING PHYSICIAN | MEDICAL STAT | | August | 13, 1986 |
| | HOSPITAL ined by the FUNERAL wild be determed by the Store ORIANT. | | 224. PHYSICIAN'S NAME THE | A PRINCIP | | | 220 ADDRESS | | 1 1 1 | | 11111 |
| | | 7.0 | Cerry . | Jones | 2 | | Prince Ge | rge's Jene | red Mos | spitel | |
| | 5 5 5 4 3 3 4 | 23a | BURIAL, CREMATION, REMOVAL | 236 DATE | 236 | NAME OF C | EMETERY OR CREMATORY | 9 d. LOCATION | | + | |
| | BP | | Burial | 8/14/ | 86 I | slamic | Society Balto | Catonsv | | alto. M | ID. |
| | DHMH - 16 50M 4/82 | 24 F | UNERAL DIRECTOLORING | Byers F | uneral D | irecto | | REC'D. BY REGISTRAR | 355 REGISTRAR | SSIGNATURE | |
| | (VRA 15, 4) | 87 | 28 Liberty Road | Randa | 11ctown | MD 2 | 1133 AUG | 15 1986 | राउत्तर । स्थित | | |
| | | - | The second of the last of the second second second second | 41-11-11 | | | | | | | The second second second |



| 00-1 | 51.00 | | FOR | DEPA | STATE OF MARYLAND TIMENT OF HEALTH AND MEN | TAL UVCIENE | 27680 |
|----------------------------|--|------------|---|---|---|---|---|
| 00, 1 | 3420 | 1. | STATE REGISTRAR | | CERTIFICATE OF DEA | | 2 3 0 0 7 |
| Fig. | 9e 3 | | CEASED NAME FIRST OR PRINT) Baby Gir | - TumB" | AFSARI | 20. DATE OF DEATH | 8 13 86 315AM |
| | edor, po | 3 SE | Fercle " | RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BII | RIHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. |
| | 2 29 | 7a Bi | RTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTR | MARRIED LI NEVER MAR | RIED BALTIMORE CITY C | Prounty of DEATH L'evre's MD. |
| 100 | GX | 1 | heverly | (IF NOT IN SUCH ACKITY, GIVESTR | · H | TION 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (| |
| MARYLANDER | 4 | 130. 3 | AL RESIDENCE I NURSING HOME OR O STATE N/A N/A N/A | 136 CITY OR TO | YES NO | 5/ININIA | ION COUNT |
| AARYL | O Plane | 14. FA | ATHER'S NAME FIRST Mohamad | Afsari | 15. MOTHER'S MA | WIDDLE | LAST |
| BALTIMORE, A | Poges 1 | (| VAS DECEASED EVER IN U.S. ARM | NED FORCES? 166 SOCIAL SE | I. | Ir. Mohamad Afsa | |
| ALTIN | hysician agers. P aval. | | 18 CAUSE OF DEATH (Enter only | N/A r one cause per line or (a), (b) | | Jon Court Balt | o. Md. 20715 APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH |
| ST., | ertifica ng phy banpa remay | | PART I. DEATH WAS CAUSED IMMEDIATE | BY: | Hanct | | |
| PRESTON | offendin nove carl notion, or froumatie | | Conditions, if any, which | DUE TO, OR AS DONSES | includ Arrest | | |
| * | by the ase ren I, crem other i | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS 45 NAME | ene Preneta | rity | |
| DS, 201 | signed hen plea to burio | Z | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING T | O DEATH BUT NOT RELATED TO | THE TER MINAL DISEASE OR CON | DITION GIVEN IN PART 110 |
| DIVISION OF VITAL RECORDS. | no. hos been permit. T ene prior wegny in | TIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFORME | D 200 AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |
| OF VIII | ding physicial ding physicial structure for a certificate burial-transit Mental Hygical them 18 sho | AL CERTI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 116. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | Y OCCURRED (ENTER NATURE OF INJU | |
| VISION | or this cer the burio ond Ment | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 211 LOCATION | CITY OR TO | OWN COUNTY STATE |
| ā | TENDIN unal ar o ruse ar ar Health | | 224.1 certify that (I) (this hospital saw the deceased alive on | 12 10 10 | VL/I | opinion death accurred withe d | that (I) (we) last and hour and from the causes stated |
| • | the hasp the hasp to DIRECT etached for the Dept o | | Th SiGNATURE IN | where MO | DEGREE ATTE | NDING MEDICAL STA | FF 22 DATE SIGNED |
| | etoined by the TO FUNERAL (should be detoined with the Store [MADORTANT: # | | 228 PHYSICIANS NAME THE CH | Dowes | POPESS | L'(gersel, (Fre | nd Nospitel |
| | should should make a should sh | | URIAL, CREMATION, REMOVAL | TIL DATE 23 | NAME OF CEMETERY OR CREA | AATORY 28d LOCATION | COUNTY |
| | BP | В | urial | | slamic Society | Balto. Catonsy: | |
| DH | MH - 16 50M 4/82 (VRA 15, 4) | | 28 Liberty Road | | 1 Directors, Inc | AUG 15 1986 | 256 RECISTRAT'S SIGNATURE |
| | | 0/ | ZO LIDELLA KOND | Kandallstown | MD 21133 | | |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR a DATE KNOWN (TYPE OR PRINT) OF ESTI BESSIE HOURS STREET, AGNES ALFT DEATH MATED 20 6 AGE (IN YEARS IF UNDER 1 YR 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 4:30 LAST BIRTHDAY) PRONOUNCED AUG 8 1904 82 YRS WHITE AUG FEMALE. PM FOR YOUTHIN Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND USA WIDOWED XX DIVORCED PRINCE GEORG'S 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PG SCHOOL BOARD GOVT. CLINTON 8600 MIKE SHAPIRO DRIVE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN GEORGE'S CLINTON MARYLAND PRINCE YESX NO [] 8600 MIKE SHAPIRO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST HART JOHN BROWN BESSIE ANN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 577-05-5619 JOHN E BROWN 6616 ALTAMONT AVE BALT NO 18. CAUSE OF DEATH (Enter only one couse per light (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. secondente Corder vosace IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ULD BE IMENT TO BUT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection [39] and in my opinion death resulted from: Notural couses Accident Suicide Homicide ____ Undetermined monner PECIFY SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL 8/25/86 WASH NAT. MARYLAND CEMETERY SUITLAND PG 07/84 BP 25M WILHELM FUNERAL HOME DHMH - 17 (VR A15 ME (5)) SUITLAND ROAD. SUITLAND MARYLAND



| 0.0 | 15110 | 1. | FOR STATE REGISTRAR | DEP | | EALTH AND MENTAL HYO | REG. N | 230 | 9 | • |
|----------------------------|---|---------------|--|--|---------------------|--|---|-----------------------------------|-------------|--------------------------------|
| J () - | 1 | | CEASED NAME FIRST | 4D. F. | | ALLEN | 20 DATE OF DEATH | 8.7 | YEAR 1 | 7.55 M |
| 8 | , ec | 3. SE | Male | white | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | THOAY) IF UN | | IF UNDER 24 HRS HOURS MIN. |
| | 13 | Fo. BI | ENNSY Vania | 76 CITIZEN OF WHAT COUN | WIDOW | | PAINCE | BE0. | necs | IVID. |
| b | 1180 | 10 C | TY OR TOWN OF DEATH CLINTON | 11. NAME OF HOSPITAL, NU SUNOT IN SUCH FACILITY, GIVE | LAND | HOSPITAL | THE SALESA | ON ON F WORKING LIFE) IN AN | Refire | BUSINESS OR |
| LAND 21 | | Ŋ | acyland P.C. | | | 13d. INSIDE CITY LIMITS? YES NO | 3428-2 | ZIP CODE A | 15. | 20748 |
| E. MARY | 1/60 | 160 | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL | Hen SECURITY NO. | Theres | WIDDLE | SS | Lut | -z |
| LTIMOR | rs. Poge | | (ES. NO OR UNKNOWN) (IF YES, GT | IVE WAR OR OATES) 219- | 10-2376 | Charlotte A | ./ | Same a | | |
| ST., BAI | physic son pope removol. | | PART I. DEATH WAS CAUSE | inly one couse per line for (a), (b ED BY: ATE CAUSE (a) | ON-H | odskins bym | phong | | BETWEEN ON | ATE INTERVAL NSET AND DEATH |
| W. PRESTON | by the offendir se remove corl , cremotion, or other troumotiv | | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS | | | | | | |
| ORDS, 201 | Then pled injury, or | NOI. | PART 2. OTHER SIGNIFICANT, | CONDITIONS CONTRIBUTIONS | TO DEATH BUT | NOT RELATED TO THE TERM | ATHER DISEASE OR CON | DITION GIVEN I | V PART 110 | |
| DIVISION OF VITAL RECORDS, | ite hos be nsit permit rgiene pric shows ony | CERTIFICATION | MAE DATE OF OPERATION | 196. CONDITION FOR W | HICH OPERATIO | | YES NO | 20b. IF YES, WE IN CERTIFYING YES | G CAUSES O | |
| N OF VII | ding physics is certificate burial-train Memol Hyper it from 18 s | MEDICAL CE | 2)a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE | P.M. | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I | OR PART 2) | |
| DIVISIO PHY SM | After this as the bit orked or | MED | WHILE NOT WHILE AT WORK | 218 PLACE OF INJURY LATHOME, STREET, FACTORY, OF | | 211. LOCATION STREET | CITY OR TO | | COUNTY | STATE |
| I A | ectors of Head | | | (14/0) | 19_810, a | nd that in (my)-() aprinon | death occurred on the de | | | |
| | by the h | | THE SHOW SHOWS HAMP THE |) Georgianis | | ATTENDING PHYSICIAN | MEDICAL STA | | 22c. DATE S | 1/84 |
| OH OT | FUN Wild by | 22- (| FRANOM. | PYAN M.D. | 22 | 9401 Iwans H | lesstlyn 77 | - WASh | mo | 20744 |
| | BP | | URIAL, CREMATION, REMOVAL SPECKY) CHEMATION JNERAL DIRECTOR | 8/8/86 | Cham | EMETERY OR CREMATORY Bers Cremator CT 155 DA | 23d. LOCATION CITY OF TOWN TE REC'D. BY REGISTRAR | | G, | Maryland |
| DH | HMH - 16 60M 7/B4 (VRA 15, 4) | | NAME W. W. CH | nambers cook | wash | 17h ST. S.E. 250 DA | | wa David | DONALUI | NCS . |

STATE OF MARYLAND

Thoughout Profession 1 3426-125-4 Mer. 1 40046 Te, or tage that was paper, with the second of the The state of the first of the tenting The account of

UNK. #86-53 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) Denise Wallace DEATH MATED KIM ALLEN 19 86 3 SEX 4 RACE IF LINDER 24 HRS DATE 8:22 LAST BIRTHDAY) RONOUNCED 26 YRS Oct. 26, 1959 Black DEAD Female 19 86 TO BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, DC United States DIVORCED Prince George's County IB CITY OR TOWN OF DEATH 17a USUAL OCCUPATION LTYPE OF WORK II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY Domestic Mitchellville driveway-3611 Mitchellville Rd (20781)13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS P. New Carrolltdnesx 5446 - 85th Avenue, Apt. T-1 Maryland G. NO [] 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Kelley Wallace Jervine James 17 INFORMANTS 446 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 85th Avenue New Carroll-DIVISION LIE YES GIVE WAR OR DATES! 216-88-4610 Jervine K. Evans (mother) ton, Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head (unspecified weapon) 3 SHOULD BE USED AS A BURIAL - TRANSIT PI DEPARTMENT OF HEALTH AND MENTAL HYGI 1 PRIOR TO BURIAL, CREMATION, OR REMOV DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING YOR ?P.M. 8-26-Subject shot. CONTRIBUTING CAUSE OF DEATH 1986 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BAUGMORE, MARYLAND, 21201 P AT WORK NOT WHILE found in drivewa 3611 Mitchellville Rd., Prince George 22a. I certify that I took Autopsy Homicide X death resulted from Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-26-86 SIGNATURE Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATOR Park 234 LOCATION Landover, P.G.Co. Mary land 08/30/86 Harmony Memorial Burial 07/84 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE LATNEY's Funeral Home **DHMH - 17** 3831 Georgia Ave. NW; Washington, DC 2001 (VR A15 ME (5))

| | | 1 | FOR | DEBADTA | STATE OF MARYLAND | TEME O 7 | . 9 3 |
|----------------------------|--|---------------|---|--|---|--|---|
| 00- | 16196 | 1 | - STATE REGISTRAR | DEFARIN | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | , , | |
| | | | DECEASED NAME FIRST | WIDDLE | LÁST | REG. NO. | YEAR 2b. HOUR |
| | page 3 | (1) | Peter PRINT) | John | Andjiano | 8 20 | 86 740 AM |
| | pog er de | 3. 5 | | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF | UNDER 1 YEAR IF UNDER 24 HRS |
| | s off | 0 1 | Male | White | June 20, 1897 | 89 YRS. 100 | NIHS DAYS HOURS MIN. |
| | Pod in Po | 10 | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED XX | 9. BALTIMORE CITY OR COUNTY O | FDEATH |
| - | in 72 | Ri | ussia Turkishsta | nd U.S.A. | WIDOWED DIVORCED | PRINCE GRON | GE MD. |
| | offer o | 1 | CITY OR TOWN OF DEATH | I. NAME OF HOSPITAL, NURSIN (IF NOT IN FUCH FACILITY, GIVE STREET | IG HOME OR OTHER INSTITUTION ADDRESS) | 126 USUAL OCCUPATION WYPE OF WORK FOR MOST OF WORKING LIFE) ACCOUNTANT | 126. KIND OF BUSINESS OR INDUSTRY Dept. |
| 120 | ours file | z at iUs | UAL RESIDENCE (IF NURSING HO WE OR | OTHER INSTITUTION, GIVE RESIDENCE RESORE | ADMISSION) | | Agriculture |
| ND 2 | filled fulled | 1000 | state Our | vert 13c. CITY OR TOW | N 13d. INSIDE CITY LIMITS? YES \(\sum \) NO \(\sum \) | McQueen Road. 206 | 557 |
| RYL. | All 2 sp | 11/19 | FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | | LAST |
| MA | ond ond | | Inknown | | Unknown | | |
| ORE | nd co | 10 | | EWAR OR DATES) | | | Box 256 |
| BALTIMORE | | 1 | lo N | /A 077-10-2 | 016 Hiram L. Law | rence, Hyattsvill | le, Md. 20781 |
| BA BA | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE | nly ane cause per line far (a), (b), one D BY: | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| TS. | p 0 | | IMMEDIAT | TE CAUSE (o) G-Angre | ne toet | | 2 min This |
| PRESTON | tens e co on, e | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUE | INCE OF | | |
| 92 | troition | | gove rise to immediate couse (a), stating the | (b) | | | |
| . ≥ | by the | | underlying couse lost. | DUE TO, OR AS A CONSEQUE | INCE OF | | |
| , 20 | gned n plec buriol | | | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIVEN | IN PART Ito |
| RDS | The injur | N S | Old CVA | | | | |
| RECC | n. nos bee permit ne pric | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, NIN CERTIFYII | WERE FINDINGS USED NG CAUSES OF DEATH? |
| ITAL | N. The | | 210. ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | tend |
| OF. | A 4 4 4 4 4 6 E | - | OR CONTRIBUTING THE CAUSE OF DE | | AY YEAR | | |
| DIVISION OF VITAL RECORDS, | PHYSK tending this cer he burio and Ment | MEDICAL | 21d. INJURY OCCURRED | 218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F | 21f. LOCATION | CITY OR TOWN | COUNTY STATE |
| 20 | After os t | | AT WORK | N D - M - d - d - d 1 f | 3-31 19.81 | 10 9-20 10 | F6, that (b) (we) lost |
| - | OR. OR. | | sow the deceased alive on | | Co. 4 | death occurred on the date and hour o | |
| - | hosp hosp sed f | | obove, (1) (was idid) (did no 22b SIGNATURE | t) view the body ofter death. | DEGREE | | 22c. DATE SIGNED |
| 1 | the Die Die Die Die Die Die Die Die Die Di | | William | Hent Turn | ATTENDING PHYSICIAN | MEDICAL STAFF | 82086 |
| | SPITAL d by the NERAL be deto e State TANT: H | 71 | 224 PHYSICIAN'S NAME (TYPE O | OR PRINT) | 22e ADDRESS | FOR | |
| | TO HOSPITAL (recoined by the TO FUNERAL I should be deto with the State I IMPORTANT: If | | William KE | int Funst | 11701 LIVIN | ister Road p | not 20744 |
| | 0 f 5 f 3 3 4 | 230 | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 234. LOCATION CITY OR TOWN | COUNTY STATE |
| | BP | | Burial | 8-25-1986 Mic | ddlehan Chapel | Lusby, Calvert. | Maryland |
| | DHMH - 16 50M 4/B2 | 24 | 144 WE | ld V. Borgwardt | 250. DAT | E REC'D. BY REGISTRAR 256. REGISTRA | R'S SIGNATURE |
| | (VRA 15, 4) | R- | 264. Box 34B. | Port Republic. M | anvland 20676 | 116 2 5 1986 Sullinte | Mensical |

| 71 75 10 1- 61 | | |
|----------------|-------------------------------|--|
| | | |
| | | NAC 24 - C 14 One Hand |
| | | |
| | elsi elsi | |
| | The intelligible almost | |
| | Carrielle Recent | .tool |
| | ydeni fravisi ženitani | 10 - 45 . otuped . oc4, 2057; |
| | anound | |
| | 9-01-750 A. 47 on | To describe the contract of th |
| | | |
| | | |
| Mornu | | |
| | | |
| | | |
| | , | |
| 1 | 11 stade 1 | |
| | | |
| | | |
| | | |
| | Marie on the distributed | |
| | William King Freeze | |
| | African Annual Care Care | budge dank arm i safet ar |
| | 11 261, 200 u.v. 2012 entite. | |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN D I. DECEASED NAME 20 DATE LTYPE OR PRINT DEATH MATER Helen Arbogast Lucy 6 AGE (IN YEARS IF UNDER YR. IF UNDER 24 HRS 4 RACE DATE PRONOUNCED Female White July 4, 1913 73 DEAD TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY ORCOUNTY OF DEATH BIRTHPLACE INTANTON MARRIED NEVER MARRIED Prince George's Pennsylvania U.S.A. DIVORCED 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 5999 Emerson Street, Housewife Bladensburg Own Home USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDOPTS 1136 COUNTY P.G. NO 0 5999 Emerson Street, #916 Bladensburg Maryland 115 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Carmela LAST DeAngelis Orazio Bennett 7. INFORMANT ADDRESIL Winchester Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 210-14-5631 Fred W. Arbogast (Son) Shrewsbury, Pa. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21n EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) DOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md SURIAL CREMATION REMOVAL 236 DATE 731. NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial 09/02/86 Gate of Heaven Cemetery Silver Spring Mont. Maryland 07/84 25M Francis Casch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE was allow friends **DHMH** - 17 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (51)

STATE OF MARYLAND

| | 100 | | | | | | | | | | ARYLAN | | | | | | | | |
|----------------------------|--|-----------------------|------------------------|---------------|-----------------------------|----------------|------------|------------------|---------------|--------------|----------------|---|----------|-------------|----------------|--------------|-----------|------------|--------------|
| | | | FOR STATE | | | | Di | EPARTM | ENT OF | HEALTH | AND ME | NTALH | YGIENI | E | 19 | 7 4 | y | 3 | |
| 1.0 | 070 | | REGISTRAR | | | - | MED | CAL E | NAMIN | IER'S C | ERTIFIC | CATEO | FDEA | TH | REG. | NO. | - | | |
| 1-16 | 0010 | T. DEG | EASED NAME | | FIRST | | - | MIDDLE | | | LAST | | 9 | a. DATE | KNOWN | TY MON | IH DA | Y YEAR | 2b HOUR |
| | | (JVF) | OR PRINT) | 1 | OSEPH | I | | | Δ | RCUR | | | | OF | ESTI- MATED | | | 0 06 | |
| | M. ELES | 2 2 2 2 | | | | | | to | | | | | | | | - At | | 8 19 86 | 143 |
| | 品でごろい | 3. SEX | | 4 RACE | | DATE OF BI | DAY | YEAR | LAST BIRTHE | | | HOURS | | RONOUN | | MONI | | | 10:29 |
| | IS NECESSARY, PEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTION 72 HOURS | Ma | le | Cauca | sian | Nov | 17 | 1917 | 7 68Y | | U UNIO | 110013 | Mind | DEAD | | At | 1g 2 | 8 19 86 | 10.23 |
| | A A Z Z Z Z | Zar Bl | RTHPLACE (ST | | | CITIZENO | | | | 1 | - (Tr. 10) | | - 0 | BALTIM | ORE CITY | OR COU | | | |
| | NERA NEES | FO | ork, P | onna | | USA | | | | 70.0 | ED XNEV | | | Davis | | 7002 | ~~ | | |
| | Z D S S | | TY OR TOWN (| | | | HOSDI | TAL NUIDC | INIC LIQUE | WIDOW | ER INSTITUT | DIVORCE | | | ce (| | | KIND OF B | MD |
| | THE THE PACE | 10. C1 | IT OR TOWN | JF DEATH | | (IF NOT IN SL | JCH FACIL | ITY GIVE STRE | ET ADDRESS) | | | | FOR M | OST OF WOR | RKING LIFE) | | | OR INDUS | TRY |
| | 3000000 | C | linton | 1 | 5 | Southe | ern | Mary1 | and H | lospi | tal Ce | nter | sel | f em | ploy | red ! | bar | ber | |
| = | 2220 | USUA 13a. S | L RESIDENCE | | COUNTY | THER INSTITUTE | | RESIDENCE BE | | ON) | liad inside ci | TV 1 HHTC 2 | 13e STRE | ET ADDD | ec c | | . 1 | 207 | 72 |
| 21201 | SE FISON | | arylan | 7 - | | orge | | Uppe | | rlho | | NO [| | | | nbul! | ם ד | rive | |
| 0.7 | 40.00 | $\overline{}$ | THER'S NAME | 14 11 | 1 00 | .0390 | | OPPC | L Pla | 1120 | 15. MOTHE | | | 707 | 11.01 | iii) d I | | LIVC | |
| * | E SOF | | FIRST | | M | AIDDLE | | LA | ST | | FI | RST | MANNE | N | AIDDLE | | | LAST | |
| SE C | 3 5 8 8 O | | Nichol | | | | | rcur | | | 12 01500. | | | | | | | | |
| NA NA | N SS 1 N | 16a V | AS DECEASED | VN) (IF | J.S. ARMEE YES, GIVE WAR | O FORCES? | | 16b. SOC14 | | | 17. INFORM | | | | ADDRE | | | | |
| BALTIMORE, MD. | URS AFTER DEA B. GIVE PAGES WITH FORM IT. PAGES 1 A DIVISION OF | | Yes | W | WII | | | 188- | 03 - 4 | 670 | Carr | mela | AA | rcur | i | San | me | as # | 13 |
| 100 | | | 18 CAUSE O | F DEATH (E | nter anly a | ine cause pe | er line fo | or (a), (b), c | and (c).) | | | *************************************** | | | | | | APPROXIMA | TE INTERVAL |
| ST., | 0-054. | | PARTIDE | | | | | | | tic | cardio | vasci | lar | dise | ase | | В | ETWEEN ONS | ET AND DEATH |
| PRESTON | D WITHIN 24 HOPENCIL IN ITEM 1 AMINER ALONG TRANSIT PERMI ENTAL HYGIENE, OR REMOVAL | 7.5 | 23-545 | IM | MEDIATE | | | S A CONS | | | carazo | , vabe | 1201 | d T D C C | 100 | _ | | 100 | |
| EST | WHY A PA | | Candition | is, if any, | which | DOETO | , OK A | J A CONS | E CADE 14CE | Or . | | | | | | | | | |
| | MER NER SEANS | | gave ris | e to imm | nediate | (b)_ | | | | | | | | 11,000 | | | | 2 | |
| ``` | XAMIN XAMIN AL-TR MENT, N, OR | | cause (a) lying cau | stating the | under- | DUE TO | O, OR A | S A CONSI | EQUENCE | OF | | | | | | | | | |
| 201 W. | VUD BE EXECUTED "PENDING" IN PE FE MEDICAL EXAN SED AS A BURIAL- HEALTH AND MEI AL, CREMATION, G | | lying cau | se 1031. | | (c)_ | | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, | A TINE | | PART 2 OTHER SIG | SNIFICANT COL | NDITIONS CON | | DEATH BU | T NOT RELATE | O TO THE TERA | NINAL DISEAS | E OR CONDITION | GIVEN IN PAI | II la | | | | | | |
| Ö | D BE EXE PENDING MEDICAL AS A BU EALTH AL | Z | | | | | | | | | | | | | | | | | |
| E | - GEANER | 18 | 19a DATE OF | OPERATIO | N | 19h CC | NDITIO | NEORW | HICH OPE | ATION W | AS PERFOR | MED? | | _ | _ | | Tay | 0 AUTOPS | v2 |
| ₹ | SHOULD ORD "PE CHIEF A E USED A TOF HE | 0 | | 01 0111110 | | 170. 00 | 71101110 | 3111 01 11 | | Allon II | AUTENI ON | | | | | | 1 | | |
| 5 | ¥8955 | Ē | | | | | | | | | | | | | | | | YES 🗌 | NO 🗆 X |
| O. | AE W | B | 210. EXTERNA | | VAS | | AE OF II | njury Month [| DAY YEA | R 21c H | OW INJURY | OCCURRE | DENTERN | ATURE OF IN | JURY IN ITEM | 18 PART 1 OF | R PART 2) | | |
| N | SHOOK | Y | UNDERLYING | 4G CAU | SE OF DEA | | P.M. | | 19 | | | | | | | | | | |
| 15 | CERTIFICATE SH ITING THE WOR DED TO THE CL E 3 SHOULD BE L E DEPARTMENT OF PRIOR TO BUR | MEDICAL CERTIFICATION | 21d. INJURY O | CCURRED | | | | INJURY | | | CATION | | | | | | | | 100 |
| 5 | S C S C S C S C S C S C S C S C S C S C | X | WHILE AT WORK | NOT WH | | STREE | T, FACTO | RY, FARM, ETC. |) | 1 | STREET | | | CITY OR TO | WN | | COUNTY | | STATE |
| | ISSE A | | AT WORK | AT WOR | Κ | | | | | | | | | | (35) | - | | | |
| | A PATE SOR | | 22a. I certif | y that I taa | ik charge a | f the remain | ns descr | ibed abave | , held an | Autap | sy | Inspection | ı 🔲, | Inquiry | X | and in my | apinia | a | |
| 1 | SE SE SE | | death results | ed fram: | Natural | causes X | . A | ccident [| I S | icide [| Hamic | ide . | Undete | rmined m | anner |], | | | |
| | EXAM CERTI UID B DIRE WARY | | | 1 | | 1 | 1/ | 7 | | | TITLE (SI | DECIEY) | | | - | | | | |
| | 3250 <u>5</u> ₹ | | ACTUAL | 7/1/16 | 11.55 | J X | K | 1/116 | :110 | | Depu | | | | | DA | TE S | 3/30/ | 1986 |
| | MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH | | SIGNATURE | 112 | /WOV | 1 | 1 | 1 | VI.Com | | D. Dept | ıLy | MEDI | CALEXAN | AINER | SIG | NED_ | 77 307 . | 1700 |
| | NO N | 1 | EXAMINER'S | NAME / | | /- | | .// | 6 | _ | | | | | | | | | |
| | TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR; D AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | | (TYPE OR PRIN | | | | Kod | | | | ADDRES 50 | | | | , Te | mple | | | 10 |
| | E B Z Z Z Z Z | | JRIAL, CREMAT | ION, REMO | | | ~ ~ ~ | | | | R CREMATO | | 23d LO | CATION _ | | C | OUNTY | | STATE |
| 07/84 | BP | B | urial | | 28 | Septl | 986 | Md | Vete | rans | Ceme | etery | 7 | Chel | tenl | nam | P | G | bM |
| 25M | | 24 FI | INER ROBE | JOR F | Wil | helm | | | | | | 250. DATE R | EC'D, BY | REGISTRA | AR 256 RE | GISTRAR' | SSIGN | ATURE | - Citta |
| | DHMH - 17 (VR A15 ME (5)) | | Fiine | ral | Home | | SII | itla | nd. | Md | | SE | P.3 | 198 | 0//- | and bushes. | م الحرب ا | -Master | |
| | (31113716 (3)) | | I dire | | 2101110 | | | | -1/ | | | | | | 1 | - | | | 150 |

THE

Place To all septimes 2 strangered broad grass recommended to the second

Lemmal or grounding of a language

Beer beland the same than the

- Wind Line Could be a series for the could be a series of the could be

| / | | | | | STATE OF MARYLAND | | |
|-----------------|---|---------------|--|---|---|------------------------------------|---|
| 03 | 7697 | 1- | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | 50 2 4 | 6090 |
| 0 . (| 1001 | 1 DE | EASED NAME FIRST | WIODIE | LAST | REG. NO. | DAY YEAR 7h HOLIR |
| | e m c | | OR PRINT) | | 10 | | 10 01 |
| | nay be page 3 r death | | | NCES | PATWATERS | 8. | 18.86 10,55 M |
| | Ter p | 3. SE | | 1 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| | ge decto | | EMALE | BLACK | 3 30 08 | 78 v | RS |
| | 2 32 1901 | 7a Bi | | 76. CITIZEN OF WHAT COUNTRY | 8 | 9. BALTIMORE CITY OR COU | |
| | the state of | | OUNTRY) | | MARRIED NEVER MARRIED | PLINCE BE | FOR CLES CO MD. |
| | 1 11 (1) | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII | NG HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 201 | 1 13/16 | 8 | CHNTON | So. MANY | LAND HOSPITHL | | Kee AHUNDRI |
| MARYLAND 2120 | 12 201 | 130. S | TAJE | OR OTHER INSTITUTION CAN MELENHEL WE | E ADMISSION) | 13e.STREET ADDRESS / ZIP C | 11711 |
| ON (| Enil 27 | | M O. V | WARD | NIER YES NO | 3309 Chav | |
| 77. | 1 1/ | 14. FA | THER'S NAME | | 15. MOTHER'S MAIDEN NA | | |
| AA | 2 98/10/ | V | DORSEN | BA++1 F | 7 1 P 2 7 | INVI BUIL | 1 Da FAST |
| | 5 8-1 8 | | | RMED FORCES? 166. SOCIAL SECT | DRITY NO. 17. INFORMANT | ADDRESS | - ROUN |
| BALTIMORE | Page Page | (| ES, NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) | Und China la Thing | 10-6 int 330 | 19 Chauwer PL |
| I | cion Fre The | | N O | | | USHINGIED | APPROXIMATE INTERVAL |
| 8 | hysi pap pap lava | 1 | PART I. DEATH WAS CAUS | only one couse per line for (a), (b) or ED BY: | () also but man | and Anna | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST | ng p bon rem | | IMMEDIA | ATE CAUSE (0) TILLUE | 117010 - pry ma | hard offer | 1 2 mins |
| PRESTON | orth corr | | | DUE TO, OR AS A CONSEQU | ENCE OF 2 | 0 | 3 20000 |
| ES | office of traus | | Conditions, if ony, which gove rise to immediate | (b) <u>Cara</u> | iac // r Mg Mi | ma | 3 mins. |
| × . | the rem | | couse (a), stating the underlying cause lost. | DUE TO, OR AS ACONSEOU | ENCE OF / U | 1. 1 | 764.355 |
| 201 \ | d by lease ial, cr | | onderlying cause lost. | (c) ATTEN | 7030/er07/cla | rdiollase. Dis | 5. 30 g rs. |
| | signe sen p o bur | 7 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MNAL DISEASE, OR CONDITION | GIVEN IN PART 110 |
| RECORDS | requestion of the state of the | CERTIFICATION | JED515 L | 1arrhea 1 hos | solatemia, H | -nemia Hip | infection |
| Ğ | you se be | N V | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY 20b. II | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? |
| ALR | de po | 1 | | | and the second second | YES NO | YES NO |
| <u> </u> | IAN: T physici physici ol Hygi ol Hygi | Ü | 210. ACCIDENT WAS UNDERLYING | | AY YEAR 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE | A 18 PART 1 OR PART 2) |
| O. | HYSICIA ding ph is certif burial-th Mental or Item | 14 | OR CONTRIBUTING CAUSE OF DI | -niii | 19 | | |
| DIVISION OF VIT | HYS ndin his c bur d Me | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION STREET | CITY OF TOWN | COUNTY STATE |
| NIS N | G Ph offen the ond ked o | 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) | -1 | STATE |
| ā | Or or Aff | | | oital) attended the deceased from | 11128 1016 | to 8/18 | 19 26 that (1) (we) lost |
| | TEN TOR of He | 1.0 | sow the deceased alive a | 1 10 | ond that in (my) (per) opinion | death occurred on the date and | I hour and I iom the couses stated |
| | hasp hasp hed f ept. e | | 22b. SIGNAFORE | ot) view the body ofter death. | DEGREE | | 22c. DATE SIGNED |
| | # 000 # | 151 | die In | d//takin | MA X) ATTENDING | MEDICAL STAFF | 7-10-86 |
| | SPITAL J by the NERAL be deto e State I | | 224 PHYSICIAN'S NAME STYPE | ORDERINI). | 22e. ADDRESS | DIRECTOR PHYSICIAN | 1 11440 301 |
| | HOSPITAL ined by the FUNERAL old be det the State | 1 | Xichard to | Farson VI | 71) +/ /// | 1 m alan rue | 7/// |
| | TO HOSPITAL retained by to TO FUNERAL should be der with the State | | 11 101111 -11 | 1 0010011,11 | te.wash | 1. 1114, 20 | 144 |
| | | 23a E | URIAL, CREMATION, REMOVA SPECIFY) | 100 000 -111 | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| | BP | | | 18-23-86 H | ARMONY CEMI | LANDOUER | PGC. MD |
| | DHMH - 16 60M 7/B4 | 24 FL | NERAL DIRECTOR | ADDRESS | 25a. DAT | E REC'D. BY REGISTRAR 256. RE | SISTRAR'S SIGNATURE |
| | (VRA 15, 4) | 1 1 | TODERN FUN | eral Home 382 | 1-14th STNURED | 0 2 1096 | |

| | 1 | | | | | STATE | OF MARYLAND |) | | | | - 1 |
|--|---------------|--|-----------------|-------------------|----------------|------------------|--------------------|----------------|----------------------------|----------------|--------------------|----------------------------------|
| | 1. | FOR STATE | | | DEPA | RTMENT OF H | EALTH AND MEN | NTAL HYGIEN | Eo 2 | 2 3 | 0 9 | 1 |
| -16877 | 1 ' | REGISTRAR | | | | CERTIF | CATE OF DEA | ATH. | REG. N | 10 | | |
| 10011 | | CEASED NAME | FIRST | MID | DIE | Ł, | AST | 20 | DATE OF DEATH | | DAY YEAR | 26 HOUR |
| be obe 3 death | TIANE | Jos | eph | 100 | | D. | aust | | | 8 | 29 86 | 11:10 M. |
| yor pag | 3/SE | | | RACE | - | S. DATE O | | A | AGE LIN YEARS LAST BI | _ | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| 7 5 6 | V | | | | | MONTH | DAY | YEAR | | arribar) | MONTHS DAYS | HOURS MIN. |
| 1 11 1 | No. | Temale | | White | | | 21, 19 | | 84 | YRS | 19 11 11 11 | |
| 1 30 00 | | RTHPLACE (STATE OF FO | DREIGN 76 | CITIZEN OF WE | HAT COUNT | RY? 8 MARRIED | NEVER MAR | RRIED - | BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ermany | | USA | | WIDOWE | DNO | RCED | Prince | G. | coraes | MD. |
| 11 00// | 10 C | ITY OR TOWN OF DEA | TH 11 | I NAME OF HO | | | R OTHER INSTITU | | | ION | | F BUSINESS OR |
| 5 1 11 66 | C | linton | S | outhern | | | Hospital | | Housew | | | home |
| | USU | AL RESIDENCE (IF NURSI | IG HOME OR OT | | | | | | | 3 | | |
| 9 1 10 1054 | | ryland | PR | Geo | Fores | stville | 13d. INSIDE CITY | LIMITS? | STREET ADDRESS 2614 Kir | + lan | A A TA | 20747 |
| a la la | | THER'S NAME | | 000 | TOTOL | , , , , , , , | 15. MOTHER'S MA | | TTT FIOL | CIAII | u Ave | 20/4/ |
| 1 10 | | FIRST | ME | DDLE | LAST | | FIRS | 1 | WIDDLE | | ŁAS' | |
| ¥ 5 5 7 | 14. | WAS DECEASED EVEN | NILL C. A DAAF | | brust | | | unc | obtainab | | and the same | |
| IMORE e execute a control of the con | | VAS DECEASED EVER I | | VAR OR DATES! | | ECURITY NO. | 17 INFORMANT | 75-594 | | E22 | | |
| TIME | | No | | | 517-0 | 3-119 | Irma | Hartn | nan S | ame | ., | |
| ficate ficate paper naval. | | 18 CAUSE OF DEATH | (Enter only | ane cause per lir | e far (a), (b) | , and Ich | 1000 | | | - | APPROXI BETWEEN | MATE INTERVAL DISET AND DEATH |
| | 1 | PART I. DEATH WA | MMEDIATE | | CVA | | | | | | | |
| PRESTON ST are depth cert to attending move corbot mation, or re- | | | | DUE TO, OR A | C A CONICE | OUENCE OF | | | | | | |
| RESTC depth nove connor | | Canditians, if any, | which | (IN | 13 A CONSE | OUEINCE OF | | | | | | |
| PRE de de de movemon motion representation de la contraction de la | | gave rise to imm | ediate |) (b) | | | | | | | | |
| W. se re | | cause (a), stating underlying cause | | DUE TO, OR A | S A CONSE | QUENCE OF | | | | | | |
| the the ricel, or o | | | | (c) | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 IND PRESCRAN The face requires, the attention of brained by the control of the | z | PART 2 OTHER SIGN | IFICANT CO | NDITIONS CON | TRIBUTING | TO DEATH BUT | NOT RELATED TO | THE TERMINA | AL DISEASE OR CON | ADITION G | IVEN IN PART 10 | o · |
| OR THE P | CERTIFICATION | 190 DATE OF OPERAT | 1401 | Tim continu | | 1011 0000 1710 | | | | [000 15 NO | | |
| REC DE | 1 2 | 198 DATE OF OPERAT | ON | 148 CONDING | ON FOR WH | ICH OPERATIO | N WAS PERFORM | ED | 200 AUTOPSY? | IN CERT | ES, WERE FINDIN | OF DEATH? |
| A State of the A | I | | | | | | | | YES NO | | YES 🗌 | NO [] |
| N 2 1 1 1 2 2 | | 210. ACCIDENT WAS UNDE | | 11b. TIME OF I | | DAY YEAR | 21c. HOW INJUR | RY OCCURRED | (ENTER NATURE OF INJ | URY IN ITEM 18 | PART OR PART 2} | |
| 0 0 1917 | 1 | LIF EITHER NOTIFY MEDIC | | P.M. | | 19 | | | | | | |
| O P P P P P | MEDICAL | 21d INJURY OCCURR | D | 21e. PLACE OF | | | 21f LOCATION | | CITY OR TO | ńwa. | COUNTY | STATE |
| N SIN THE S | 2 | MHILE NOT WHI | E 🔲 | [AT HOME, STREET | , PACIORT, OFF | ICE, FARM, ETC.) | JINCET | | | | | 37812 |
| 0 4 4 9 0 | 11 | 22a I certify that (I) (| | attended the | leceased fra | m & · | 11 | 19 86 | to \$ 2 | 9 | 10 86 | that (1) (ma) lost |
| THE STATE OF THE S | | saw the decease | d alive an_ | 828 | | 6.1 | d that in (my) (ou | r) apinian dea | th accurred on the d | late and ha | | |
| TA DO DE | | abave, (1) (we) id | d (did not) | view the bady af | ter death | | EGREE | | | | 22c DATE | |
| 0 0 0 0 0 0 | | 20011 | / | 1 1 | ~ | | | NDING . | MEDICAL STA | FF | | |
| A T A S A T A | | Mull | an /2 | ent C | Jun | 1 ~ | - | | MEDICAL STA | | | 2786 |
| HOSPIT HOSPIT IN THE STATE OF TANK | | 22d PHYSICIAN'S NA | VIE TYPE OR P | Furst | • | | 11701 | - L Vings | ston Rd | . 77 | 101 | |
| C 20 00 1 | | William | | 10731 | | | FT, Wa | 35'm | nton 1 | nd. | 2024 | 14 |
| E1 HR/# | 23a. E | URIAL, CREMATION, F | EMOVAL | 23b. DATE | 2 | 31. NAME OF CE | METERY OR CREA | MATORY | 23d LOCATION | | | |
| BP | | SPECIFY) Rurial | | 2Sept8 | 6 | Cedar F | Hill Cen | meter | Suitl | and | PG | Мď |
| DUMM 14 4041 5 3 | 24 FU | INERAL DIRECTOR NAME RODE: | ot F | Wilhel | m | | | | C'D. BY REGISTRAR | | | URE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | NAME RODE: | | wither | M ADDRE | | 1 162 | SE | P 3 1000 | 100 | | |
| (************************************** | - | rune: | ral H | ome | Su | itland | Md. | 1 7 | 1900 | 1 work | - Andrew Comment | La lange |

THE RICH RESIDENCE SECTION OF THE RESIDENCE SE Higher Manager and the Lorentz and the Control of t

| | | | | | | | | ARYLAN | - | | , | | | | | |
|--------------------------|---------------|---|------------------------|----------------------------------|--|--|---------|----------------|---------------|-------------|-------------------------------------|---------------|--------------|--------------------------|------------|------------|
| 1-15465 | 1 - STA | | | N | | MENT OF H | | | | F DEAT | H 2 | 3 | 0 | 9 | 8 | |
| 10400 | | ASED NAME | FIRST | | WIDDLE | | | LAST | JAIL O | | ** | OWN TO | MONTH | DAY | YEAR | 26 HOUR |
| Bay SE | (TYPE OF | PRINT) | Charles | | Monroe | | Ba | aile | | | OF E | 511. | 8 | 7 10 | 86 | M |
| 응분호표 | 1.SEX | 4 R | ACE | S. DATE OF BIR | | 6 AGE (IN YEAR LAST BIRTHDAY | s IF UN | DER 1 YR. | IF UNDER | | | | MONTH | DAY | YEAR | 7d HOUR |
| 1 | Ma. | le I | White | Aug. 2 | | . 85 YRS | | 15 DAYS | Hours | MIN. PR | DEAD | , | 8 | 1 19 | | 5:40 PM |
| 10 | FOREIC | HPLACE (STATE | | 76. CITIZEN OF | | ITRY? | MARRI | ED NE | VER MARRI | ED 🔲 | BALTIMOR | | • | | TH | |
| 12 | | msylva | | | S.A. | | WIDOW | | DIVORC | | Prince | | | | | MD |
| W | | or town of l tland | DEATH | 11. NAME OF F | HOSPITAL, NU HEACHITY, GIVES Lerrace | RSING HOME, STREET ADDRESS) Drive | OR OTH | er institut | TION | FOR MO | L OCCUPAT ST OF WORKING Lesma | ON (TYPE | | 26 KIND OR IN Home | DUSTRY | rove. |
| 47 | USUAL R | | 136. COUN | R OTHER INSTITUTION | 13c. CITY | e BEFORE ADMISSION OR TOWN ngton | | 13d INSIDE CI | NO [| 13. STREE | I ADDRESS | tove | 9 GG | 998. | 0020 E. | |
| | 14. FATH | IER'S NAME | | MIDDLE | | LAST | | 15 MOTHE | R'S MAIDE | NAME | MIDDI | | | LAS | , | |
| 1 | (| Charles | D. 1 | W. | 1 | Baile | | Ren | | | V. | | | Barn | | |
| 3 | 16e WAS | NO. OR UNKNOWN) | IN U.S. ARA | MED FORCES? WAR OR DATES) - 1921 | | -16-179 | | Betty | - | Racey | 7221, Dist: | Lane Lane | dale | St. | Md. | |
| | 18 | CAUSE OF D | EATH (Enter onl | ly one cause per | line far (o), (b | o, and (c).) | | | | - | | | | APPRO | DXIMATE II | |
| AL CREMATION, OR REMOVAL | | gave rise couse (a) sta lying couse l | | DUE TO, (c) CONTRIBUTING TO DE | | NSEQUENCE O | | E OR CONDITION | N GIVEN IN PA | RT 1 ·a | | | | | | |
| Z CR | CERTIFICATION | e. DATE OF OP | ERATION | 196 CON | NDITION FOR | WHICH OPERA | TION W | AS PERFOR | MED? | | | | | 20 AUT | OPSY? | |
| X | TIFIC | | | 100 | | | | | | | | | | YES | | NO X |
|) | | EXTERNAL C NDERLYING ONTRIBUTING | AUSE WAS OR CAUSE OF E | HOUR | OF INJURY A.M. MONTH P.M. | DAY YEAR | 21c. HO | OW INJURY | OCCURRE | D (ENTER NA | TURE OF INJURY | IN ITEM 18 P | ART 1 OR PAR | | | |
| | ¥ 21 | d. INJURY OCC VHILE N T WORK A | LIDDED | 21e PLA | CE OF INJURY FACTORY, FARM, I | | | CATION | | | CITY OR TOWN | | cou | NIY | | STATE |
| ーベ | A SI | | nat I took charg | e of the remains of causes (#) | Accident | , Suice | S M | , Hamic | PECIFY) | Undetern | Inquiry X mined manner At EXAMINE | R | | 8-7 | | Md. |
| 2 | - | THE RESERVE OF THE PERSON NAMED IN | N, REMOVAL ? | | STREET, SQUARE, STREET, | NAME OF CEM | | | | 23d. LOC | | | COUN | | STAT | |
| | LOPEC | Buri | | 8-15-86 | 6 0 | edar Hi | 11 0 | emete | 77 | Su | itland | | | | | 16 |
| | | ERAL DIRECTO | | ADD | Link to | | | | 250 DATE | REC'D. BY R | itland EGISTRAR | 56 REGIS | TRAR'S SI | GNATUR | - | ME. |
|)) | G.P. | Kalas | F.H. 61 | 60 Oxon | Hill : | Rd. Oxo | n Hi | 11,Md | . AUE | 3151 | 000 | الما الماء و. | | | | |

BELLE BOSINGS WAY GO n'ayana nagasi a only the party in the Land E if . me government it is There are the state of the stat As enterimental ASST ansiell defune confir J o Morr S telepon I I affilia matter water first with William Lakes

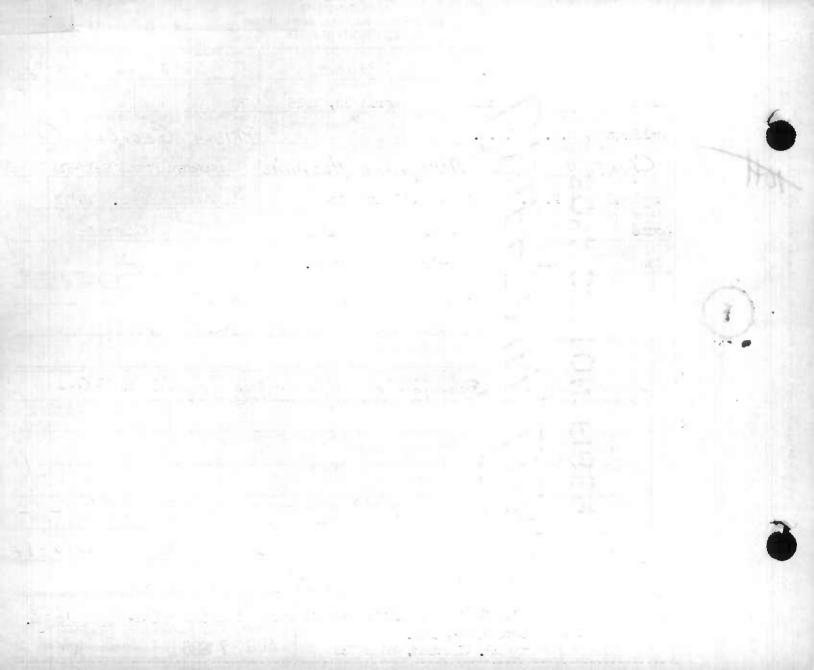
| | REGISTRAR ECEASED NAME PRINT) | FIRST Mi.chel | | MICAL EXAMIN | ER'S CER | | PEATH REG. 20 DATE KNOWN OF ESTI- DEATH MATED | MONTH DAY Y |
|--------------------|---|--|--|--|--|---|--|-----------------------------|
| 12 1 1 | | BLACK | MAY 9, | 1968 LAST BIRTHDA | RS IF UNDER | 1 YR. IF UNDER | MIN PRONOUNCED DEAD | 8/ 1.1/s |
| PE | FOREIGN COUNTRY) ENNSYLVAN | A | U. S. | | WIDOWED | | ED Prince | George's Co |
| 9 | Suitland | i | 3406 Pe | ILITY, GIVE STREET ADDRESS) ALL Drive ERESIDENCE BEFORE ADMISSIO | | NSTITUTION | WATTRESS G LIFE) | FOOD S |
| MIA | MYLAND | PRINC | E GEORGE | SUITLAND | 13d. YE | INCIDE CITY LIMITS? | 3406 PEARL D | RIVE, #20746 |
| 4 | MELVIN | | MIDLE | WILLIAMS | PE. | MOTHER'S MAIDE CATHER | INE | BARBER |
| 160. | WAS DECEASED E | VER IN U.S. ARM | ED FORCES? | 217-02-666 | | NFORMANT ATHERINE | B TAYLOR 3400 | |
| NOTA | PART 2 OTHER SIGNII | | | UT NOT RELATED TO THE TERMI | | | RT T (a), | 20 AUTO |
| 3/2 | 3 5 7 7 7 7 | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR P SUBJECT Shot | | | | | | |
| ICAL CERTIFICATION | 210. EXTERNAL O UNDERLYING CONTRIBUTING | OR CAUSE OF DI | HOUR A.M. | MONTH DAY YEAR 8/11/86 | in How | ect shot | D GENTER NATURE OF INJURY IN ITEM | YES [|
| MEDICAL CERTIFICA | 21a. EXTERNAL C | OR CAUSE OF DI | HOUR A.M. ? KK 21e PLACE O STREET, FACTO | MONTH DAY YEAR | 216. HOW I | ect shot | CITY OR TOWN | |
| | 216. EXTERNAL OUNDERLYING CONTRIBUTING 21d INJURY OCCUPANTILE AT WORK | CAUSE OF DI CAUSE OF DI CURRED NOT WHILE NT WORK At I toak charge from: Noturo | HOUR A.M. ? KM 21e PLACE O STREET, FACTO hot of the remain. des | MONTH DAY YEAR 8/11/86 FINJURY (AT HOME, 1984, FARM, ETC.) JSC Ded above held an | 21t. HOW Subje 21f. LOCAT! STREE! 3406 Autopsy [cide , | Pearl Di Nomicide XX ITILE (SPECIFY) Assistan | city on town | 18 PART 1 OR PART 2) COUNTY |

15 N. 1. 15 N. 1. 15 N. 1. 15 N. 15 A The American Police of the Contract of the C MANAGE AN ARTHUR SOUR BOTALS & TALL NO. 8919-30-121

THE ENGINEER CONTROL OF THE PROPERTY OF THE PR

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME 26 HOUR TOHN BAUER W. 3. SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS April 20, 1916 Male Caucasian 70 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington, D.C. DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Automotove Parts Self-Employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN Upper Marlbord YESXX P. G. 9911 Churchill Dr. Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lilly DeKraft Louis Bauer 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LYES, NO OR UNKNOWN Yes 577-05-7382 Mary A. Bauer Same as 13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CAA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 ulmorous FICATI 200 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an 8/2/ bove, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Burial CITY OR TOWN 08/25/86 Resurrection Cemetery BP. Clinton Prince George's Md. 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 60M 7/84 June Davidson Jandan Old Alexander Ferry Rd. Clinton, Md 20735 (VRA 15, 4) 663

STATE OF MARYLAND



| XD | | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
|--|---------------|---|
| 10 17007 | 11- | STATE |
| 0=17667 | | KEG. NO. |
| | | CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN TO MONTH DAY YEAR 76 HOUR OF ESTI- |
| PLEASE ECTOR. R FILES. HOURS | | Hadry Edward Dackoft DEATH MATED AND 2018 A DM |
| 3633 | 3 SE) | |
| × E DEZ | | MONTHS DAYS HOURS MIN PROTOCOTICED |
| 32000 | 7- 01 | IRTHPLACE (STATE OR 18 OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH |
| A Selection of the sele | FO | REIGN COUNTRY) / MARRIED NEVER MARRIED |
| 型台に | 1 | nanyland DIA WIDOWED DIVORCED DIVINEC GOOVERS MD |
| STATE OF THE STATE | 10. CI | ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK IZE KIND OF BUSINESS OR INDUSTRY) OR INDUSTRY |
| APPEND C | 1 | auxel #16/04 Julie (- Carpenter Construction |
| 20039907 | USUA | ALRESIDENCE UE IN NURSING HOME OR OTHER INSTITUTION GIVE DESIDENCE REFORE ADMISSIONI |
| CE CONTROL S | 130 5 | 138. COUNTY 138. COUNTY 136. CITY OR TOWN 134 INSIDE CITY LIMITS? 136. STREET ADDRESS |
| P. Fandy | 14.67 | |
| 1 = = 50 / \ | 7 | HER'S NAME FIRST MODIE LAST LAST |
| THE SHOP OF | 1 | Denjamin Franklin Decraft Mary Louisa Kruhm |
| FIER DE L'ECREN L'ECRE | 16a. V | NAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 15-506 130 U.A. 0.5 |
| EA HAR | | No 215-10-7277 Wayne Becanft Ave haved in |
| RS AV RS AV RITH WITH PAC DIVIS | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL |
| 17 17 17 17 | | PARTI DEATH WAS CAUSED BY: |
| N SEE N N N N N N N N N N N N N N N N N | | IMMEDIATE CAUSE (0) CUBE MY OCIVAL US |
| W. PRESTON ST WITHIN 24 HO ENCIL IN ITEM 1 MINER ALONG TRANSIT PERMI INTAL HYGIENE. OR REMOVAL. | | Conditions, if ony, which |
| W. PREST WITHIN SINGE AIN TRANSIT TRANSIT NITAL HY | | gove rise to immediate (b) moonge hyperald (2) |
| 01 W. PRESTON ST TED WITHIN 24 HO N PENCIL IN ITEM 1 XAMMINER ALCNG AL-TRANSIT PERM RENTAL HYGIENE N, OR REMOVAL | | couse (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF |
| SEX EXA | | ying coose lost. |
| XECUTE VG" IN VG" IN VG" IN VG" IN VG" IN VG" IN VG | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 |
| S S S S S S S S S S S S S S S S S S S | No. | 150 nl. |
| L CAA MEE | CERTIFICATION | 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? |
| HOULD PER NEW PER NO. WEED A PER NO. P | 5 | No. |
| WORE CHECKEN | E | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 721c. HOW IN ILLRY OCCURRED LENGTH NATURE OF INJURY IN ITEM 10 PART 1 OR PART 20 |
| o FARRES O | Ö | 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 10. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR |
| SA SECONO | 5 | CONTRIBUTING CAUSE OF DEATH P.M. 19 |
| MVISION OI CERTFICAT CERTFICAT CERTIFICAT CE | MEDICAL | 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| PO SI | 2 | WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| BIVISION OF VITAL RE THIS CERTIFICATE SHOUN TIE, WRITING THE WORD. PRWARDED TO THE CHIEF RE, PAGE 3 SHOULD BE USE ESTATE DEPARIMENT OF HE DO, 21201 PRYOR TO BURRAL | | |
| EXAMINER CERTIFICAT DULD BE FOR L DIRECTOR 4, WITH THE MARYLAND | | 224 Certify that I took charge of the remains described above, held on Autapsy , Inspection Inquiry , and in my opinion |
| STEE BE BE STANKE | | death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner . |
| PER MAR | | ACTUAL TITLE (SPECIFY) |
| AHON H | | SIGNATURE ALL DATE MEDICAL EXAMINER SIGNED UP 191 |
| DIC NEW SI | | EXAMINED SNAME 1010 |
| MEDICAL EXAM FECUTE THE CERTIFICATE SHOULD BE THE SEATH WITH ALTIMORE, MARYL | | CAMPINITY JOHN 1998-S ADDRESS |
| TO W EXEC PAGE PAGE BALTE | 23e.Bl | URIAL, CREMATION, REMOVAL 236. DATE 234, NAME OF CEMETERY OR GREMATORY 234 LOGATION CHAPTOWN COUNTY STATE |
| 07/84 RP | 1 | 15 1 Here 15 1684 1 |
| 25M | 2.4_FL | UNERAL DIRECTOR, 250 DATE REC'D. BY REGISTRAR'S SIGNATURE |
| DHMH - 17 | | NAME ADDRESS I I A CONSTITUTION |
| (VR A15 ME (5)) | | Jonaldson Tuneral Home modelle 7, 1900, guildender Production |

STATE OF MARYLAND

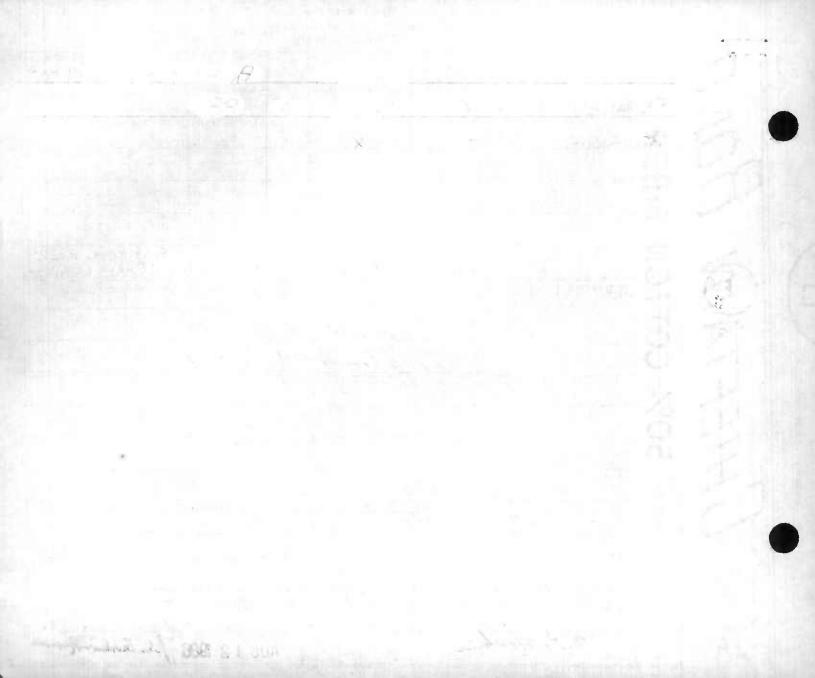
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23/0

| | 1- | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HY ICATE OF DEATH | GIENE O REG. | 2 3 | 10 | 2 | | | |
|---|---------------|--|--------------------|----------------------------------|-------------|------------------------------------|---------------------------|-----------------------|----------------------------------|----------------------|--|--|--|
| | | CEASED NAME FIRST | M | IDDLE | Į. | AST | 2a. DATE OF DEATH | | DAY YEAR | 25 HOUR | | | |
| | (TYPE | Susanna | 9 | (NMN) | Be. | lagyi | Augu | 1ct | 6. 1986 | TIKEP. | | | |
| | 3 SEX | | 4 RACE | (21221) | 5 DATE C | | 6. AGE (IN YEARS LAST B | | IF UNDER 1 YEAR | IF UNDER 24 HRS | | | |
| 2 | 7 | EHALE | WHIT | TE | May | 20 1897 | | 89 YRS | MONTHS DAYS | HOURS MIN. | | | |
| e | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF V | VHAT COUNTRY? | 8 MARRIE | D NEVERMARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | | | | |
| 7 | 1 | ALUAHOR | US | H | WIDOWE | DIVORCED | Prince Ge | orge's | s Co. | Co. MD. | | | |
| 1 | | ITY OR TOWN OF DEATH | (IF NOT IN SUCH | FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 124 USUAL OCCUPA | OF WORKING L | LIFE) INDUSTRY | F BUSINESS OR | | | |
| 1 | | AL RESIDENCE (IF NURSING HOME OR | | Laurel | | ng Home | Home Mal | cer | Own 1 | | | | |
| 5 | 13a S | STATE 136 COUN | | Catonsv: | N | 134 INSIDE CITY LIMITS? | 306 F Nor | | , | 229 Lane | | | |
| | T. 20 | THER'S NAME FIRST JUKNOWN | MIDDLE | Till | | 15 MOTHER'S MAIDEN N. | | | LAS | 1 | | | |
| | Die. | VAS DECEASED EVER IN U.S. AR | MED EODGESS T | | IDITY NO | 17 INICODALANIT | ADDI | DESS O | | nown | | | |
| 2 | | | E WAR OR DATES) | 215 10 1 | 2974 | Mr. Rudolf I | | DON | CHAPEL | GATE LA | | | |
| | | 18 CAUSE OF DEATH Enter on | ly one couse per l | ine for 101, (b), on | dicar | , | | | APPROXI BETWEEN C | MATE INTERVAL | | | |
| | 7 | 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) // ASMA atting AMELY | | | | | | | | | | | |
| | | | DUE TO OR | AS A CONSEQUE | ENCE OF | 1 | | Wy T | | | | | |
| | | Conditions, if ony, which | ((b) | me | um | miles | | | | | | | |
| | | gove rise to immediate couse (0), stating the | DUE TO OR | AS A CONSEQUE | NCE OF | - 1 - | Farler | | | B 6 150 150 | | | |
| | | underlying couse lost | | | | | | | | | | | |
| | - | PART 2 OTHER SIGNIFICANT | ONDITIONS CO | NTRIBUTING TO | LATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR COI | VDITION GI | IVEN IN PART 110 |) | | | |
| | CERTIFICATION | | | | | | | | | | | | |
| 1 | ICA | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YE IN CERT | ES, WERE FINDIN IFYING CAUSES | GS USED OF DEATH? | | | |
| | RTIF | 31 | | | | | YES NO | Y | res 🗌 | № □ | | | |
| | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 216 TIME OF | | AY YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF IN. | IURY IN ITEM 18 | PART I OR PART 2) | | | | |
| | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER | | ۸. | 19 | | | | | | | | |
| | MEDICAL | 214 INJURY OCCURRED | 21e PLACE C | F INJURY ET FACTORY, OFFICE F | ARM ETC 1 | 211 LOCATION STREET | CITY OR T | OWN | COUNTY | STATE | | | |
| Н | ~ | AT WORK NOT WHILE | 14 75 1 | | | | | | | | | | |
| | | 22a I certify that (I) (this hospi | 0/10 | | 27 | 2 19 8 3 | 10 Krisen | | | thoy I bug lost | | | |
| | | sow the deceased alive an above, (1) (we) (did) (did no | t) view the body o | ofter death. | or | nd that in (my) (our) apinion | death occurred on the | date and ho | or and from the | couses stated | | | |
| | | 226. SIGNATURE | 6 N | | LIE | DEGREE | | | 22c DATE | SIGNED | | | |
| | | nun | n un | | V | ATTENDING PHYSICIAN | MEDICAL ST. | AFF ICIAN | 8/ | 7/86 | | | |
| | 143 | 22d. PHYSICIAN'S NAME (TYPE O | 4 | | CEL . | 22e ADDRESS | | | | | | | |
| | | LUIS X | . CAS. | AS m | 0.0 | 14201 Laure | f. 1c. Dr. #221 | Lour | el mod z | -0707 | | | |
| | 23a 8 | BURIAL, CREMATION, REMOVAL | 23b. DATE | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE | | | |
| | | Burial | Aug. 9 | 1986 G1 | len Ha | ven Mem. Par | k Glen Bu | rnie | A A Co. | Md. | | | |
| | 24. Ft | INERAL DIRECTOR | Hock | ADDRESS | | | | | TRAD'S SIGNAT | Budalle | | | |
| | Si | ingleton Funera | 1 Home | Glen Bu | rnie, | Maryland | NUG 12 198 | of the | C CONTRACTOR | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygiene prior to burial, crem MPORTANT: If Hem 21 is morked or Item 18 shows any injury, ar oth



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23/0

| | 1- | 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 3 / 0 3 REG, NO. | | | | | | | | | |
|--|--|--|--|---|-------------------------------|---|---|---------|--------------------------------|--|--|
| | | CEASED NAME FIRST OR PRINT) Katherine | € MIDDLE | ino | 20. DATE OF DEATH MONTH 08-14 | | | 9:30a | | | |
| 0 | 1.5E) | Female RACE white | | S DATE OF BIRTH June 12 1894 | | 6 AGE (IN YEARS LAST BIR | THDAY) IF UN | HS DAYS | IF UNDER 24 HRS HOURS M.IN. | | |
| 7 | 70. BII | 76. CITIZEN OF NEW YORK US | | COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | | Prince George County | | | MD. | | |
| 5 | Gr | reenbelt | 11. NAME OF HOSPITAL, N 1 Lighot in such facility, give Garden Wa | ay Greenl | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Garment worker Private | | | | | |
| S | HALRESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 137. CITY OR TOWN 130. INSIDE CITY LIMITS? YES X NO 134. SIRFET CADRESS Y ZWASO 134. PET CADRESS Y ZWASO 134. ZWASO 135. ZWASO 135. ZWASO 135. ZWASO 136. ZWASO 136. ZWASO 137. ZWASO 1 | | | | | | 1 zwedoe 20 | DE20770 | | | |
| 3 | 12.50 | ATHER'S NAME FIRST Scheiblich Scheiblich Scheiblich Scheiblich Scheiblich | | | | | | | Siegert | | |
| | [7 | VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV | eynolds Same as #13 | | | | | | | | |
| The second secon | 1200 | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | NOU | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. | | | | | | | | | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | VHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES | | | | |
| | MEDICAL CER | 216. ACCIDENT WAS UNDERLYING | | | | | | | | | |
| | MED | 21d INJURY OCCURRED NOT WHILE AT WORK | NOT WHILE IAT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY | | | | | | | | |
| | | 270-1 certify that (1) (this hospital) attended the deceased from 19 | | | | | | | | | |
| , | | ATTENDING MEDICAL STAFF PHYSICIAN S NAME (IVPE OR PRINT) 1276 PHYSICIAN S NAME (IVPE OR PRINT) 1276 ADDRESS | | | | | | | 14/86 | | |
| 1 | | D. Granite, MD 115 Centerary gr | | | | | | | 1+Md | | |
| | | BURIAL, CREMATION, REMOVAL | 8/16/86 | | od Cemetery | Englew8od | Bergin | UNIY N | J. J. STATE | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

Donald No. Borgwardt 4400 Powder Mill Rd. Beltsville Md 20705

AUG 18 1986



DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

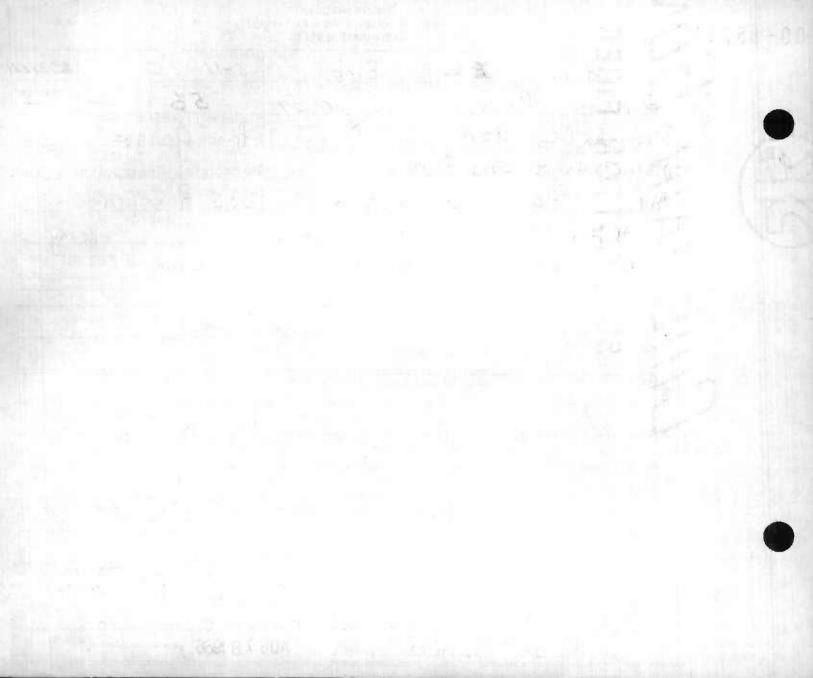
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| E 6 | REG. | 2 NO. | 3 | 1 | 0 | హ |
|----------|----------|----------|---|---|---------|-----|
| D 475 OF | DE 4 741 | 11.00 | 4 | | 115 . 0 | 200 |

| | ' - | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REC | 6. NO. | , , | A 14 1-14 | | |
|---|---------------|--|--------------|-----------------|---|---------------------------------|-------------------------|--|---------------------------------|-----------------------------|-------------------------------------|--|--|
| | | CEASED NAME | FIRST | | MIDDLE | ı | AST | 20. DATE OF DEAT | | DAY YEAR | 26 HOUR | | |
| | (14MF | OR PRINT) | lancy | | P. | Be | van | August | 3, 19 | 86 | м | | |
| | 3. SE | Х | | 4. RACE | TE ALL | 5. DATE C | | 6. AGE (IN YEARS LA | T BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. | | |
| t | I | Female | | Cau. | | Nov | ember 16,19 | 20 | 65 YRS | MONINS DATS | HOURS MIN. | | |
| 1 | | BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT CO | | | WHAT COUNTRY | 2 0 | NEVER MARRIED | 9 BALTIMORE CIT | Y OR COUNT | TY OF DEATH | | | |
| L | Marin . | Missouri USA | | | | WIDOWE | | Prince Georges | | | | | |
| 8 | | CITY OR TOWN OF DEATH Camp Springs 11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Malcolm Grow | | | HOSPITAL, NURSI | NG HOME C TADDRESS) Hospi | or other institution | 126 USUAL OCCUPATION 125 KIND OF BUSINESS OR 170 OF WORKING LIFE) INDUSTRY HOMEMAKER 126 WORKING LIFE INDUSTRY | | | | | |
| 1 | 13a S | UAL RESIDENCE (# NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE 2 STATE 136 COUNTY 136 CITY OR Fairfax Alexar | | | GIVE RESIDENCE BEFORE TO VALE X ALEXAND | MM | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 8802 Edward Gibbs Place | | | 1999 ce (22309 | | |
| Z | FA | ATHER'S NAME | 783 | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | LAS | | | |
| (| /Pi | ierre | | R | Porte | er | Dorothy | MIDD | ie a | Lee | | | |
| 2 | 16a V | WAS DECEASED EVER YES, NO OR UNKNOWN) | MED FORCES? | | | | | Gibbs P | lace | | | | |
| 7 | No | O OK ONKINOWIN | (10 123, 010 | E WAR OR DATES! | 494-16-4 | 194-16-4668 Wendell L Be | | | evan Alexandria, Virginia 22309 | | | | |
| 2 | CERTIFICATION | DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to METABOLIC COMP 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH | | | | | | | | OF DEATH? | | | |
| 1 | | OR CONTRIBUTING (| AUSE OF DEA | in . | M. MONTH D | PAY YEAR | 21c. HOW INJURY OCCUR | YES NO | | YES DART : OR PART 2) | NO [] | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F | | | | | 211 LOCATION | | | COUNTY STATE | | | |
| | | 22a I certify that (I who hospital) attended the deceosed from II JULY 19 86, to 3 AUGUST 19 86 and that in (my) (aur) apinion death occurred an the date and hour cabove. (I) (my) (aid) (did not) view the body after death. | | | | | | | | , 1986, out and from the | that (li (we) last couses stated | | |
| | 100 | 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | | | | | | | 22c. DATE | 221. DATE SIGNED | | | |
| | | | | | | | | | | | | | |
| | | Mapes | De tet | B. Ca | ot.mc | USAC | Mamc | Andrew | s AF | B MD 2 | 2331 | | |
| | | BURIAL, CREMATION, | REMOVAL | 236 DATE | 23c. | NAME OF C | EMETERY OR CREMATORY | 236 LOCATION | | | | | |
| | Bu | urial | | 8/6/86 | N | lation | al Cemetery | Arlingt | | COUNTY | irginia | | |
| | 24 FL | UNERAL DIRECTOR | | | ADDRESS | | AHA | 0.7 1986 T | 49 March | MARKET PRO | plette | | |
| | De | emaine Fune | ral F | Homes, In | c Alexan | dria, | Virginia | | 0 | | | | |

THE RESERVE THE PROPERTY OF TH The second control of the control of



STATE OF MARYLAND

| REGISTRAR | | | | | | | | REG. NO. | | | |
|---|-----------------|----------------|--|-----------|----------------|---------------------|---------------------|-------------------------------|------------------|------------|-----------------|
| 1. DECEASED NAME (TYPE OF PRINT) | FIRST | | WIDDLE | | LAST | | 20. DATE OF | DEATH MONTH | DAY | YEAR | 26 HOUR |
| () · · · · · · · · · · · · · · · · · · | Geerge | | F. | B1 | ake | | | 8 | 17 | 86 | 7:00A |
| 3. SEX | 4. | RACE | | 5. DATE C | | | 6. AGE INYE | ARS LAST BIRTHDAY) | IF UNI | DER 1 YEAR | IF UNDER 24 HR |
| Male | | Cauc. | | MONT | | 17 | 68 | Υ | 'RS | S DAYS | HOURS MIN |
| T. BIRTHPLACE (STATE C | OR FOREIGN 76 | . CITIZEN OF | WHAT COUNTRY? | 8 | n NEVED | MARRIED - | 9 BALTIMOR | E CITY OR COL | | EATH | |
| Wash. D.C. | | USA | | WIDOWE | | NORCED | Prince | George | | | |
| ocity or town of D | | (IF NOT IN SUC | HOSPITAL, NURSIN CHEACILITY, GIVE STREET Illvale A | ADDRESS] | OR OTHER INS | TITUTION | | CCUPATION FOR MOST OF WORK | ING LIFE) IN | DUSTRY | DF BUSINESS C |
| SUAL RESIDENCE (IF N | | _ , | | | | | Capute | I. | 1.4 | reas | ary or. |
| 30 STATE Saryland | Pr. G | | Forestvi | | YES T | NO [| 13. STREET A | DDRESS / ZIP (| Ave. | 207 | 47 |
| FATHER'S NAME FIRST Willi | | P. | Blake | | 1000 | 'S MAIDEN NA | ME | MIDDLE | | Mori | is. |
| WAS DECEASED EVE | JIF YES GIVE V | ED FORCES? | 166 SOCIAL SECU | | 17. INFORM | | | ADDRESS | | | |
| yes | MMII | | 578-09-1 | 761 | Joyce | E. Bla | ке вал | ne as it | em 13 | } | |
| 18 CAUSE OF DEA | ATH (Enter only | ane cause per | line for (g/) (b), and | d (c).1 | | | | | | APPROX | ONSET AND DEAT |
| | WAS CAUSED | | 111110 | 10/11 | 1.00 7 | MINIA | non | | | 1 | 1,50172 |
| | IMMEDIATE | CAUSE (o) | 11190 | 0/ 1-1 | 1171 | 77 100 | 1-0-1 | | | TOV YYLL | CDV-11-C |
| Conditions, if or | mmediate | (b)_ | R AS A COSSEQUE | My | Ath | 505C1 | 54015 | | | 57 | 10484 |
| underlying cou | | DUE TO, O | RASA CONSEQUE | ETES | Mer | ITUS - | II | | | 20 48 | nes |
| | GNIFICANT CO | NDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATE | D TO THE TERM | INAL DISEASE | OR CONDITION | V GIVEN IN | PART 1 | 0 |
| 190 DATE OF OPER | RATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERF | ORMED | 200 AUTO | PSY? 20b. | IF YES, WE | RE FINDI | NGS USED |
| Ĭ | | | | | | | YES | NO X | ERTIFYING YES | CAUSES | NO T |
| 210. ACCIDENT WAS | _ | 216. TIME C | | AY YEAR | 21c. HOW I | NJURY OCCUR | RED (ENTER NAT | URE OF INJURY IN ITE | M 18 PART I | OR PART 2) | |
| OR CONTRIBUTING | | | M. | 19 | | | | | | | |
| 21d INJURY OCCU | | 21e. PLACE | | ARM FIC I | 211 LOCAT | | | CITY OR TOWN | (| YINUO | STATE |
| | WHILE | | | | | | | | | | |
| 220 I certify that | | | | Aus | 2 | 19 55 | , to | Aus 17 | . 19_ | 36 | that (I) (48) I |
| sow lece | ased alive an | view the back | | 860,00 | nd that in (my |) (or) opinion | death accurred | d on the date on | d hour and | from the | couses stated |
| 226. SIGNATURE | | 10 | 111 | | DEGREE | 1753 | | | | 22c. DATE | SIGNED |
| 401 | Mas | T he | llen | M | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | | 8/18 | 8/86 |
| 224. PHYSICIAN'S | | | | | 22e ADDRE | | | | | | |
| Thoma | as F. Cu | illen, | M.D. | | 5103 | Marlbor | o Pike | Capitol | Heig | hts. | Md. |
| 30 BURIAL, CREMATION | N, REMOVAL | 23b. DATE | 23c N | NAME OF C | 1 | CREMATORY | 23d LOCA | TION | | | |
| Burial | | 8/20/ | 86 Ma | . Vet | eran C | emetery | Chel | tenhan | COL | G. | STATE |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

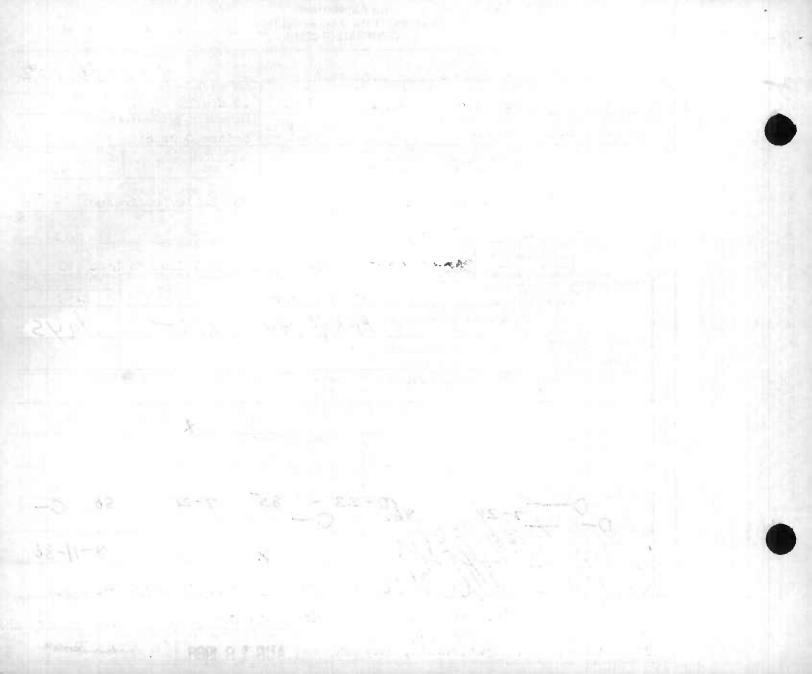
G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

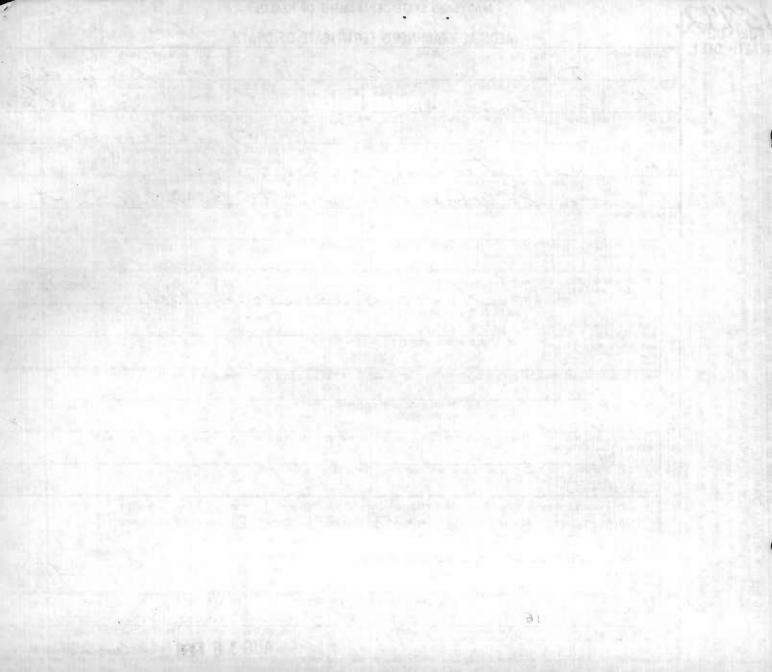
9 1988 Lilia Tairidon Rondelle

1400 F 50 F 50 F 500 F 5 SELECT TO SELECT neroni son ti epilit connect selfines over efertil uttil efficies Carrier of the control of the contro sinus + sellis gr and per area caleff. From the latter was then 13 . No. atthing and an article of the state of the .54 .0.4 hodestladb gratued aroutev.5 Alice,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH 2b. HOUR LITTE OF PRINTS Kathleen Amanda Blitstein 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR October 7, 1985 10 Months Female Caucasian TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. Prince George's WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 2358 Belleview Avenue (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cheverly N/A USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 20785 Prince Geo. Maryland 2358 Belleview Avenue Cheverly 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Ronald Blitstein Μ. Lynne Russell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ronald C. Blitstein, Same as Line #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Respiratory Arrest Days DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NON NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE ONOT WHILE signature oftended the deceased from saw the deceased alive a pinion death occurred on the date and haur and from the causes stated DEGREE 22¢ DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b Bertha Van Gelderen, M.D. 3001 Cheverly Ave., Cheverly, Md. 20785 23a BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN Burial 08/14/86 Fort Lincoln Cemetery Brentwood Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE FRANCISE GASCH'S SONS FUNERAL HOME, P.A. DHMH - 16 60M 7/B4 1. Triudan Pandelle 4739 Baltimore Ave., Hyattsville, Maryland (VRA 15, 4)

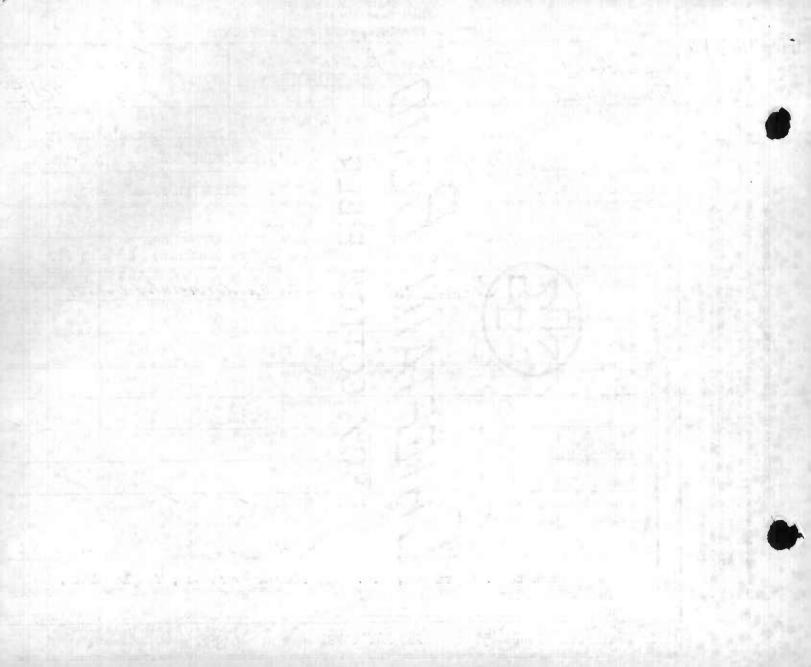


MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First 20. DATE KNOWN (Lype or Print) DEATH MATED S. DATE OF BIRTH JF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4 RACE last hirthday) 73 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia WIDOWED [DIVORCED U.S.A. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS during most of working life, even if retired.) (INDUSTRY » Housewife Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN-20722 odmission) STATE 14. FATHER'S NAME Lemule Robinson Lola Saddlewhite 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO No, or unknown) 579-09-7871 Patricia Ann Boswell, Same as line #13 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PRESTON PART I. DEATH WAS CAUSED BY permi DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF certificate shauld stating the underlying couse 2, e, writing the farwarded to t VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) OS used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO X please execute the certificate, pe 4 should be 21b. TIME OF INJURY Month, Day, Year 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE 22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection > and in my apinian Inquiry | DEPUTY MEDICAL Natural causes , Accident . Suicide [death resulted fram: Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John S. Rogers ADDRESS(Street, city, tawn, ar caunty) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 8-16-86 Washington National Cem. Suitland, P.G., Maryland 2Sa. REC'D BY REGISTRAR 2FRANKITSECGASCH'S SONS FUNERAL HOMERESSP.A. VR A15ME (5) Julia Davidson Bandelle 4739 Baltimore Ave., Hyattsville, Maryland



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE KNOWN STYPE OF PERVIO OF ESTI-11/205 1986 DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE (AST BIRTHDAY) PRONOUNCED DEAD March 1 1934 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED L DIVORCED Prince George's County Virginia II.S.A O. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Resident Manager Apartments Lanham Maryland P.G. 13.6012 ADOPESH Place Riverdal 13d. INSIDE CITY LIMITS? 20737 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Shelton William Gertrude McAlister 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 577-44-2600 No Victor Bowers (Husband) Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY abeter asterno selente Cardons cul IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 2 Ie PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes Accident L Hamicide Undetermined monner death resulted from: PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARY Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto P. Rodriguez, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 08/05/86 Burial Ft. Lincoln Cemetery Brentwood P.G. Maryland 07/84 BP 25M 25a. DATE REC'D. BY NEGISTRAR BY GISTRAR'S SIGNATURE Traffc1s Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH MONTH MIDDLE LOECEASED NAME 2h HOUR LIYPE OR PRINTS BRADLEY, Sr. J. 7:39 Thomas August 1, 1986 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male Caucasian June 29, 1921 YRS BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY a BIRTHPLACE I STATE OR FORFIGN MARRIED NEVER MARRIED Pennsylvania USA Prince George's County DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Cheverly Pr. George's General Hospital Military (ret.) US Government 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Pr. George's Bowie 12214 Rockledge Drive 20715 Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST FIRST William Bradlev H. Mary Farley ADD RESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 12214 Rockledge Drive LYES NO OR UNKNOWN) I LIEYES GIVE WAR OR DATEST 090-14-7500 Bradley Bowie, MD YES 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b , and (c PART I. DEATH WAS CAUSED BY CARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198. DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES | 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN pup (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (the hospital) attended the deceased from 1986 and that in (my) opinion death occurred on the date and hour and from the causes stated sow the deceased olive an, above, (1) (Add) DEGREE 22c. DATE SIGNED MEDICAL August 1, 1986 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. SICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Suite 103 th the Dr. Lawrence Z. Satin, M. D. 7500 Hanover Parkway Greenbelt. MD 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE MD (SPECIFY) AUG 4, 1986 Lakemont Memorial Gdns Davidsonville, Anne Arundel, Burial 16000 Annapolis Road 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 20715-3043 Beall Funeral Home Bowie, MD (VRA 15. 4)

Carried Section Victoria Carrier Course in northwood (t. der) reselling Laigest I - 10 e' geon in 11.21 Roomings inten 23315 edited a spring of trades Brewley - C. Lie William Brewley Ogo-in- 100 lements I. Envelop Ford, in Monday AUG A. 1900 Lakement Manuriat Clas Beridsmytile, Auge Arandell, Feall Physics Fore (Fouls, MD 20715-3043

| | HARRY SH | t Element | |
|--|----------------------|---------------------|----------------|
| 00 to 2000 loopers | | HelmingeD .L.S.S | Draw Establish |
| Along And the looks who are | recent lesion factor | new members for | |
| | TO SITE N | f us system sondst | Versi en e |
| BANK LANGE AND | | | |
| | | | |
| A 10 10 19 | 5 - r-v- | | |
| BUSH A ANTON SUF | | | |
| 6m.femmi .1.1. mg*.2f- | vanie a laviani mai | | Latered . |
| 91 | | Offen Annural Bone | N. SETOSO |

BP_

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 23 / 13

| 6 | | REGISTRAR | | | | CERTII | ICATE OF DEA | TH " | REG. I | 10. | | |
|---------|---------------|--------------------|--|--------------------|---------------------|--------------|----------------------|------------|-----------------------|----------------|--------------------------|----------------------------------|
| | | EASED NAME | 1991 | | HOOSE | | LAST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| | CLAME | OF HEND | Gladys | Lou | ise | Brise | coe | | | 81 | 16186 | 8:42R |
| | 3.583 | | and the second second second | 4. RACE | 200 | 3. DATE (| | 6 | AGE (IN YEARS LAST 8 | RTHOAY | IF UNDER I YEAR | IF UNDER 24 HRS. |
| | | femi | ale | Whit. | e | MONI | 23 | 12 | 74 | YRS | MONTHS DAYS | MOURS MIN. |
| a | 7a. 60 | RTHPLACE INTACE | OFFICE | TE CITIZEN OF | WHAT COUNTR | MARRIE | D NEVER MARE | RIED 1 | BALTIMORE CITY | OR COUNT | TY OF DEATH | |
| | Wa | sh ngton | D.C. | u. | Si | WIDOWI | | CED 🔲 | Prince Ge | orge' | S | MD. |
| , | 1951 | IN DE LOWIN OF | DEATH | 11. NAME OF H | HOSPITAL, NUR | SING HOME (| OR OTHER INSTITUT | ION 1 | 120 USUAL OCCUPA | TION | 126 KIND C | F BUSINESS OR |
| 0 | 0 | ILLALD | Pring | | nd Nurs | | ne | | Housewife | | Own I | Home |
| | HED | A RESIDENCE (FH | TITE COUN | OTHER INSTITUTION. | | | 1134 INSIDE CITY L | 1441702 1 | 3e STREET ADDRESS | / 7ID COI | DE. | |
| S | 1200 | ryland | * D. S. S. P. C. S. P. C. C. | 19. | Riverd | ale | YES NO | | 4509 Sher | | | 20737 |
| | SERVICE CO. | THER'S NAME | | HODAY. | | | 15 MOTHER'S MA | IDEN NAMI | E | | | |
| 0 | | Harr | | AUDUS. | Bake | r | Ma: | ry | WIDDIE | | (UNKN | |
| 1 | | AS DECEASED EV | ER IN U.S. ARA | MED FORCES? | 16b. SOCIAL SE | CURITY NO. | 17 INFORMANT | 948 | 35 Good API | on Ro | | |
| | NO | es, NO OR LINENOWN | THE STATE OF THE S | ANE CATIVIETY | 578-03 | -2356 | George | | oe, Jr., C | | | 21045 |
| | | | ATH Enter onl | v one couse per | | | | | Λ | (| | MATE INTERVAL ONSET AND DEATH |
| | | PART I DEATH | | E CAUSE (o) | cardi | DOU | monav | -11 | Hrre | 1.7 | | |
| | | 100 | Become Committee | | AC A CONTRE | WENGE OF | | 1 | | | | |
| | XL B | Conditions, if o | nv. which | DUE TO, OF | R AS A CONSEC | DUENCE OF | | 0 | | | | |
| | | gove rise to | immediate | 10) | | | | | . Salvas | | | |
| | | underlying cor | | 1000 10, 01 | R AS A CONSEC | DUENCE OF | | | | | | |
| | | PART 2 OTHERS | IGNIFICANT C | ONDITIONS CO | NTRIBUTING T | O DE AJH BUT | NOT RELATED TO | THE TERMIN | NAL DISEASE OR CO | NDITION G | IVEN IN PART 1 | 0 |
| | NO. | Adv | anced | Ke. | ctal | Car | cinon | a | | | | |
| 7 | CERTIFICATION | IN DATE OF OPE | RATIONA | 19b CONDI | TION FOR WHI | | N WAS PERFORME | | 20e AUTOPSY? | 20b. IF Y | ES, WERE FINDI | NGS USED |
| \prec | TIFE | 1 | JIT | | | | | | YES NO | | TIFYING CAUSES YES [] | NO [|
| 7 | CER | 210. ACCIDENT WAS | | 216. TIME OF | FINJURY M. MONTH | DAY YEAR | 21c HOW INJURY | OCCURRE | D (ENTER NATURE OF IN | URY IN ITEM TE | PART 1 OR PART 2) | |
| | AL | OR CONTRIBUTING | | TH HOUR A.F | | 19 | | | | | | |
| | MEDICAL | 214 INJURY OCC | | 21e PLACE C | | | 711 LOCATION | | CITY OR 1 | OWN | COUNTY | STATE |
| | 2 | AT WORK NOT | WHILE WORK | (A) HOME SIN | EET, PACTORT, OFFIC | E PARM EIC) | 3,422 | | 21. | | - 1 | |
| | | 220 I certify that | (1) (this hospit | ol ottended the | deceased from | n_5 | 0 | 9 86 | . 10 8 | | 19 86 | that (I) (we) lost |
| | | sow the dec | did) (did not | view the body | ofter death | , 0 | nd that in (my) (our | opinion de | oth occurred on the | date and he | our and from the | couses stated |
| | | 278. Sypogerone | 10. | 1. 1 | | | DEGREE | CO | - Dot | Sehn. | OG 220 DATE | SIGNED -1 |
| | | NA | 66 | the | | | | ICIAN | MEDICAL PHYS | CIAN D | 8/ | 16/86 |
| | | 274 EMPREIANS | NAME (TYPE OF | PRINT | | | 22e ADDRESS | 5580 | Secon | N A | ue 1 | |
| | | Thomas | 5 1. | LOCK | e m | 0 | 5 | Tue | - Spri | 2/1 | . MX | |
| _ | = | URIAL, CREMATIO | N. REMOVAL | 236 DATE | 7.3 | NAME OF | EMETERY OR CREM | ATORY | 1236 LOCATION | - | | |
| | 23a. B | | , | ZJB DAIL | | | | | | | | |
| | | rial | | | | | | | CITY OR TOWN | d. P. | G. Mar | vland |
| | Bu | SPECIFY) | | 8-19-8 | 6 F | t. Line | coln Ceme | tery | | R 256. REGIS | G., Mar | yland URE |

the first property that I want please of the same comme The State of the Control of the Cont

(VRA 15, 4)

STATE OF MARYLAND

deline gerate a la are inspectable by a time Comment allers summer regardensing segment made the most that a concern 6144 - 50/2 / / The second second second Photographic in USAS A CHARLET IN A STATE OF THE STATE OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF SFATH REGISTRAR REG NO I. DECEASED NAME (TYPE OR PRINT) OF DEATH MATED OUR FILES. V 72 HOURS ION STREET, 8-26-869 LORRIS BROWN 3 SEX AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED Male White 03-10-1908 78 DEAD 8-26-8619 YRS 6PM M BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Virginia WIDOWED DIVORCED Prince George's County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Appliance Repairman Self Employed Capitol Heights Dole Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 21201 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY HMITS? 13e STREET ADDRESS Maryland Prince George's Capitol Heightsyes X 5407 Dole Street NO 20743 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Issac Caffee Brown Rebecca 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 3001 Buncombe rd. #4 S.S. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Reba Woodruff Greenville, S.C. 29609 577-42-6797 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Myocardial fibrosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X BE 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNRAL DIRECTOR: PAGE AFER DEATH WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held an Autopsy death resulted from Natural causes Undetermined manner TITLE (SPECIFY) DATE SIGNED 8-27-86 Assistant EXAMINER'S NAME 111 PennStreet Margarita A. Korell, M.D. (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Cedar Hill Cemetery Suitland Prince George's Md 07/B4 25M Franciske Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md 20781

(1)

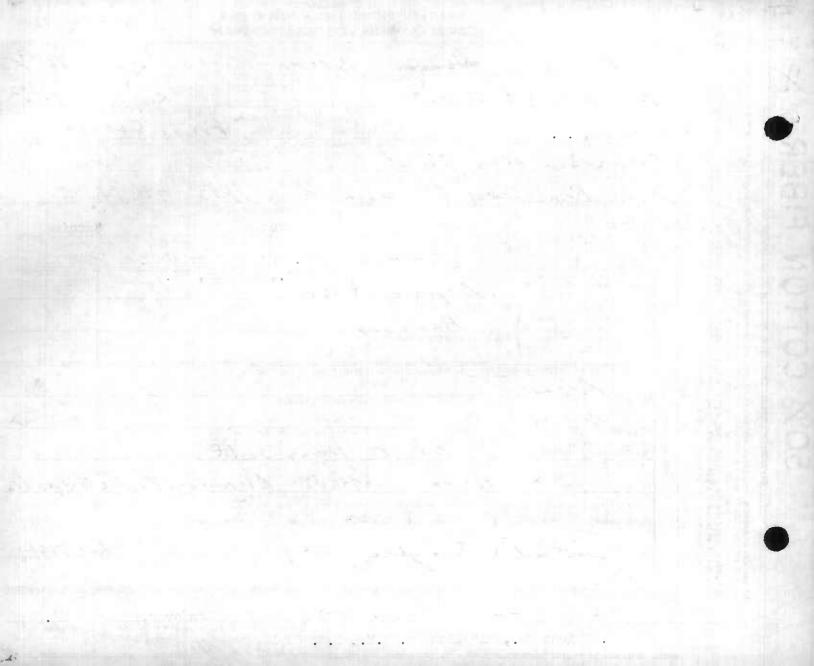
| 15 | | | 500 | | | | | MARYLAND | | | | | | | |
|-------------------|--|---------------|----------------------------|---------------------|-------------------------|--------------------------|----------------|--------------------|-----------------|----------------|------------------|-------------|--------------|-------------|--------------|
| 13 | | | FOR STATE | | | EPARTMENT | | | | 6.3 | _ | 0 | ting | | |
| 111- | 16585 | | REGISTRAR | | WEL | DICAL EXAM | IINER'S | CERTIFICA | ATE OF | | REG. | | 5 | / | 6 |
| • • | | | CEASED NAME E OR PRINT) | FIRST | | WIDDLE | | LAST | | 2a. DA | E KNOWN | MON MON | NIH D | AY YEAR | 26 HOUR |
| | ET, SS. S. ET, | | | Minn | ie | Frieda | | Brown | | DEA | TH MATED | 9 | 3/1 | 19 86 | 5 4 |
| | A SE | 3 SEX | (| I. RACE | 5. DATE OF BIRTH | I6 AGE | IN YEARS IF U | NDER TYR. IF | UNDER 24 | | ATE | NOM | ALH D | AY YEAR | 8:15 |
| | N Z C R E | T | 'emala | White | | | YRS. | THS DAYS H | HOURS M | | DUNCED | .0 | 0/3 | 19 86 | |
| | ESSARY, PLEASE RAL DIRECTOR. R YOUR FILES. HINN 72 HOURS KESTON STREET, | 7o. 81 | emale STA | | Feb. 0. | 1909 77 | - Ia | | | 9. BAL | TIMORE CITY | Y OR CO | UNTYC | |) Jan W |
| | SE SE SE | FO | REIGN COUNTRY) | | Imited C | h-L | | NED NEVEL | | | | _ | | | |
| | ZENES T | In C | shingto | II,D.C. | United S | | | | DIVORCED | O. USUAL OC | ince G | | | KIND OF B | |
| - | C WEAR | | | | (IF NOT IN SUCH FAC | CILITY, GIVE STREET ADDR | ESS) | TER HASTHOTIC | | FOR MOST OF | WORKING LIFE) | TIPE OF WC | JRK 12W | OR INDUST | |
| 10 | 100 mg | 11511/ | Hyattsv | | 4709 E | dmonston | Road | | H | lousewi | .fe | | at | home | |
| (F | 10×38 | 13a S | TATE | 136 COUN | TY | 13c. CITY OR TOV | | 13d INSIDE CITY | LIMITS? 13 | | | | 2 | 078 | 2/ |
| 1 2 | 月 名 世 皇道 | Ma | ryland | Prince | George's | Hyatts | rille | YES 🗌 | NO 🗆 | 4709 E | dmonst | on F | Road | 10 | |
| M | T - 50 5 | 14. F/ | ATHER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S | S MAIDEN | NAME | WIDDLE | | | LAST | 1,55 |
| 2 | 28235 | | John | | н. | Schwarzn | ann | Mi | innie | | _ | | Wol | fe | |
| MO | NA OPEN | 16a. V | VAS DECEASED | EVER IN U.S. ARA | MED FORCES? | 166. SOCIAL SEC | URITY NO. | 17 INFORMA | INT | | ADDRE | .55 | C | 20020 | |
| N S | A A G A A F I SKO | | NO OR UNKNOV | (11 123, 0112 | TAN ON DATES! | 577-07-8 | 174 D | Marie | S. Boy | d (Sist | er) 152 | 6-28 | ₹th | St.,SI | E. Wash |
| - 10 | WIT | | 18 CAUSE OF | DEATH (Enter onl | ly ane couse per line | | | | | | | | | APPROXIMA | TE INTERVAL |
| PRESTON ST | ZA HO DONG ONG PERMI SIENE, VAL. | | PARTIDEA | TH WAS CAUSED | E CAUSE (o) | | | dicens | | | | | - | BETWEEN ONS | ET AND DEATH |
| 101 | NATION OF STATE OF ST | | | IMMEDIAI | | AS A CONSEQUEN | | - Ulliquate | | -11.76 | | | | | |
| RES | FILL N. SILL H. T. | | | , if ony, which | | | | | | | | | | | |
| × × | NI WIN | | | ta immediate | (b) | AS A CONSEQUEN | ICE OF | 101 | | | | | | | |
| 201 | N AL AL | | lying caus | e last. | | | | | | | | | | | |
| | HOULD BE EXECUTED WITHIN 24 PRO "PENDING" IN PENCIL IN ITER HIEF MEDICAL EXAMINER ALON USED ASA BURBLI- TRANSIT PER OF HEAITH AND MENTAL HYGEIR RIAL, CREMATION, OR REMOVA | 73 | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO OFATH B | UIT NOT PELATED TO THE | TERMINAL DISCA | CL NOTION OF SO IS | DUFAL IN BARY 1 | | | | | | |
| RECORDS, | A POST | z | | | | OF NOT KEENING TO THE | TERMINAL DISEA | SE OR CONDITION G | HEN IN PART I | 10 | | | | | |
| REC | MEDI MEDI MEDI AS AS A CREA | 5 | 19a DATE OF | PERATION | None | ION FOR WHICH (| PERATION | VAS DEDECIDAAS | ED2 | | | | T. | O ALLY ODGS | 10 |
| 3 | SHOULD ORD "PE CHIEF A E USED I T OF HEA | Ü | None | | 178. CONDI | ON TOK WINCH | JI EKATIOIA A | AS LEKT OKME | LU: | | | | 1 | 0 AUTOPSY | |
| 5 | VORD VORD NI OF I | CERTIFICATION | 210 EXTERNAL | | 21b. TIME OF | INTITION | 121. 6 | IOW INTURY OF | CCUPPED | | | | | YES 🗌 | NOX |
| DIVISION OF VITAL | WER: THIS CERTIFICATE SHE CATE, WRITING THE WORR FORWARDED TO THE CH OR, PAGE 3 SHOULD BE U HE STATE DEPARTMENT O AND, 21201 PROR TO BUR | | UNDERLYING | OR | HOUR A.M. | | YEAR IT. | OW INJURY O | CCORKED | ENTER NATURE O | F INJURY IN ITEM | 18 PART 1 C | OR PART 2) | | |
| Ö | PA PO PA PO | Ş | CONTRIBUTING | G CAUSE OF D | | FINJURY (ATHON | | None | | | | | | | |
| N N | DEP DEP | MEDICAL | WHILE - | NOT WHILE L | | ORY, FARM, ETC.) | | STREET | | CITY OF | RTOWN | | COUNTY | | STATE |
| ۵ | WR WR | | AT WORK | AT WORK | | | | | | | | | | | |
| | ATE, ORV ORV R: P IE SI | | 22a 1 certify | that I took charg | e of the remains desc | ribed above, held | an Auto | osy . Ir | Inspection [| , Inqu | Try X | ond in m | ly opinio | n | |
| | EXAMINER: CERTIFICATE, UULD BE FOR, L DIRECTOR: F, WITH THE S MARYLAND, | | death resulter | d from: Notur | al causes X. | Accident . | Suicide . |], Hamicide | e []. | Undetermined | | 1. | | | |
| | KAAA ERT ERT WIT WIT ARY | | | | 0 0 | 1 | | TITLE (SPE | CIFY) | | | | | | |
| | CAL EXA THE CER SHOULD SATH, WI SPE, MAR | | ACTUAL SIGNATURE | | to f | 1- | | Depu | | _MEDICAL EX | AAAINIED | DA | ATE GNED_ | 8/1/8 | 36 |
| | SER REAL | | | | - | | | | | minary | | SK | SNED_ | | |
| | MER CAN | 10000 | EXAMINER TO | Joh | n S. Roge | rs. M.D. | | ADDRESS Si | | | | gome | erv (| County | , MD |
| | TO MEDICAL E EXECUTE THE G PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, A BALTIMORE, M | 23a. B | JRIAL, CREMAT | ON, REMOVAL 2 | | | CEMETERY | OR CREMATORY | | 23d LOCATIO | | | | | |
| 07/84 | | (5 | Burial | A | uq.4,1986 | Fort I | incolr | Cemete | | Colmar | | | COUNTY | | MD. |
| 25M | DI | | JNERAL DIRECT | | | 10201 | | Alla | OAF RE | TI GIS | TRAP 256 RE | GISTRAR | NS-SIGN | | J. 1 LIL |
| | DHMH - 17 (VR A15 ME (5)) | J. | NAME Nm. Tee! | Sons Co | 0.300-4th | St. NE M | ash D | C20002 | 010 | | futia of | Jandy | No. | adition. | t Hole |
| | | | | 5 55115 (1 | 3.300 Tul | CC. INTI IN | abii. 1D | C20004 | | | | | | | |

afficient decreed souther bridgered ont extended the sound at the Cora C. Lagran, s.D. clinch Opena, Kontonery Dounty, 193

| | | | | | | | | OF MARYLA | | | | | | |
|----------|--|---------------|---------------------------------|--------------------|------------------------|---------------|--------------------|---------------------|-----------------|-----------------|--|---------------|---------------|--------------|
| | | 1. | FOR STATE | | | EPARTA | MENT OF HE | ALTH AND | | | 2 | 7 | 7 1 | 1 |
| 00 | 0 . 5 3 | 1, | REGISTRAR | | MEI | DICAL E | XAMINE | 'S CERTIF | ICATE C | F DEATH | REG. NO | 0 | / ! | 1 |
| 00-1 | 6 5 / | | CEASED NAME | FIRST | | WIDDLE | | LAST | | Zo DA | TE KNOWN 5 | | DAY YEAR | 26 HOUR |
| | 18 ~ S C | (TY | PE OR PRINT) | Robert | | 4. | | Proces | | | F ESTI- | | 10 .00 | |
| | ESSARY, PIEASE RAI DIRECTOR. RYOUR FILES. II'N 72 HOURS RETON STREET, | 3 SE. | 4 RA | | 5 DATE OF BIRTH | | 6. AGE (IN YEARS | Brown IF UNDER 1 YR | | | ATE | NONTH | 18 19 86 | |
| | ST X X | | | | MONTH DAY | YEAR | LAST BIRTHDAY) | MONTHS DAYS | | MIN. PRON | DUNCED | | | 20 110011 |
| | OZ OZ OZ | | | HITE | 8/18/ | | 55 YRS. | | | | EAD | 8 | 18 1986 | 5:18A |
| | R R R | 7a B | RTHPLACE (STATE OF | | 76. CITIZEN OF WH | AT COUNT | TRY? | MARRIED A | VEVER MARR | IED 9 BAL | TIMORE CITY O | R COUNT | Y OF DEATH | |
| | 美艺术 | | | ROLINA | USI | ٩. | W | DOWED - | DIVORC | ED D Pr | ince Geo | orge! | Count. | V. MD. |
| | 194895/// | 10 C | ITY OR TOWN OF D | EATH | 11. NAME OF HOSE | | | ROTHER INSTIT | IUTION | 120. USUAL OC | CUPATION (TYPE | E OF WORK | 126 KIND OF B | USINESS |
| 12/ | SOAWY / | C | heverly | | Prince Ge | | | al Hosp | ital | | WORKING LIFE) | 1159 | OR INDUS | IKY |
| 1 | Barana - | USU | AL RESIDENCE (IF IN? | NURSING HOME OF | ROTHER INSTITUTION GIV | E RESIDENCE ! | SEFORE ADMISSION) | | 1.001. | , WE | DEIC | | 2017/17 | |
| 120 | 38898 | 13a. S | TATE | 136 COUNT | | | HEVERL | | CITY LIMITS? | | | | 20747 | |
| | FAMES - | 116 | MD. | PRIN | CE G-EORGE | B C | HEVERL | | | | ORRING | DR. | APT 1 | 02 |
| - 2 | E-= 202 / | 14 | FIRST | | MIDDLE | ı | AST | 15. MOT | HER'S MAIDE | ENNAME | MIDDLE | | LAST | |
| 3 | 38 34 PC | _ | | UNU | | 1 | | R | OSALE | É | | | UNK | |
| - X | MARONA / | 160. | WAS DECEASED EVE | R IN U.S. ARM | | 16b. SOC | IAL SECURITY N |). 17. INFO | RMANT | | ADDRESS | | 212 | 37 |
| 13 | A STAN | | NO | | | 238. | 42-708 | 6 m17 | -21 BU | JLLOCK | 6418 | KENU | sood Av | E |
| | N N N N N N N N N N N N N N N N N N N | | 18 CAUSE OF DEA | ATH (Enter only | y ane cause per line | far (a), (b), | and (c).) | | | | | | APPROXIMA | TE INTERVAL |
| 100 | BANGA H | | PART I DEATH | | BY: E CAUSE (a) St | | | chest | | | | | BETWEENONS | ET AND DEATH |
| 0 | TED WITHIN 24 HO N PENCIL IN ITEM XL - TRANSII FERM MENTAL HYGIENE N, OR REMOVAL | 1 | | IMMEDIATI | | | SEQUENCE OF | | | | | | | |
| 100 | WITHIN MINER TRANSII NTAL HY | 17 | Conditions, if | | | | | | | | | | | |
| ¥. | A LA A RANGE | | gave rise to cause (a) statu | | (b) | 1400 A 2A | SEQUENCE OF | | | | | | | |
| 201 \ | EXAM EXAM SIAL- D MEN ON, O | 138 | lying cause las | | DOL TO, OK | 43 A COIN | SEQUENCE OF | | | | | | | |
| | SE SE | 1 | 2.22 2.02 | | (c) | | | | | | | | | |
| RECORDS | ULD BE EXECUTED "PENDING" IN PI E MEDICAL EXAP. ED AS A BURIAL- EAITH AND MEI AL CREMATION, (| 7 | PART Z UTHER SIGNIFICA | INT CONDITIONS C | ONTRIBUTING TO DEATH D | UT NOT RELAT | ED TO THE TERMINAL | OISEASE OR CONDIT | ION GIVEN IN PA | RT 1 ig | | | | 1317/13 |
| S S | "PENDIN" "PENDIN" "PENDIN" "PENTH I | CERTIFICATION | | | | 14.24 | | | | | | | | |
| | SHOULD ORD "PE OHEF A FUSED I | 3 | 190. DATE OF OPER | RATION | 196. CONDIT | ION FOR V | VHICH OPERATI | ON WAS PERFO | DRMED? | | 3/17 | | 20 AUTOPSY | ? |
| É | WORD WORD WORD WORD WILLIAM | E | | | 66 | | | | | | | | YES CX | NO 🗌 |
| OF VITAL | | 1 8 | 210. EXTERNAL CA | | 216. TIME OF | | DAY VEAD | TIC HOW INJUR | RY OCCURRE | D LENTER NATURE | F INJURY IN ITEM 18 P | PART 1 OR PAR | | |
| × | SECONE - | ¥ | UNDERLYING CONTRIBUTING | POR LCAUSE OF D | | | 18 19 86 | Subje | ct sta | hhed | | | | |
| DIVISION | EPA SH | MEDICAL | 21d. INJURY OCCU | - | 21e PLACE O | FINJURY | (AT HOME. 2 | If LOCATION | cc sa | acca | | | | |
| 20 | ARDED TO THE WARDED TO THE WARDED TO THE WARDED TO THE MARDED TO THE MARDED TO THE DEPARTMENT OF THE D | 3 | AT WORK AT | T WHILE | STREET, FACTO | | C.) | STREET | 20202 | | RIOWN | COU | | STATE |
| | D 105. T | | AT WORK AT | WORK | home | - | | | rring | DI, FOI | estville | 2, P.C | 3. CO, | MD. |
| | ECERTIFICATE DULD BE FOR L DIRECTOR: I, WITH THE S MARYLAND, | 1 | 220 I certify tha | t I taak charge | e of the remains desc | ribed abay | e, held an _ | Autopsy X | Inspection | n . Inqu | iry , and | d in my api | nian | |
| | ME BUEN | | death resulted fra | m: Nature | al causes | Accident | , Suicide | Hom | ncide X. | Undetermined | manner . | | | |
| | EXAM CERTIF ULD BE DIREC WARYL | | CALLED | 1 | 1 | 7 | | | (SPECIFY) | | | | | |
| | AHONE, - | | ACTUAL SIGNATURE | 1011 | engl | | | As | sistar | T MEDICALE | CAMINER | DATE | 8/18 | /86 |
| | NOR STEEL | | | 0 | // | | | | | | THE STATE OF THE S | 3101422 | | 111111 |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BARLIMORE, M | | (TYPE OR PRINT) | Willi | am M. Zar | ne, M. | D. | ADDRESS | 111 | Penn S | t. Balt | O.MD | | |
| | 534548 - | 23a.B | URIAL, CREMATION, | REMOVAL 23 | DATE | 23c. N. | AME OF CEMET | | | 123d. LOCATIO | | | | |
| 07/84 | | (| REMOVA | L | 8/22/86 | _ | ESANY | | CEM | CITY OR TOWN | | COUNT | - | Cecinta |
| 25M | 01 | 24 F | JNERAL DIRECTOR | | -,, 0 6 | 1/2 | ~~17·VI | FITTERY | | REC'D. BY REGIS | TRAR [256. REGIS | STRAR'S SK | | -24/104 |
| | DHMH - 17 (VR A15 ME (5)) | A | NAME DAJAJELLI | =1.10 | RAL HOME | . 2 | - 1000 | E AUE | I ALM | 322 198 | 6 Julia 1 | Section 1 | Bandous | _ |
| | (44 VID WE (3)) | 166 | NNELLY | FUNCI | WYC HOME | 5 | co min | ~ MUE | | 130 | 1 | Colling | | |

AND THE PROPERTY OF THE PARTY STATES AND THE PARTY STATES

| ITEMS/, + | | FC JR | G618- | STATE OF DEPARTMENT OF HEALT | MARYLAND | HYCIENE . | - 1 - 1 - O |
|--|--------|--|------------------------------|--|------------------------------|---------------------------------------|---|
| | 1- | STATE 8-21-867 | 10 | CAL EXAMINER'S | | DEBEATON L | 3 / 10 |
| 0 - 14930 | | REGISTRAR CEASED NAME FIRST | MEL | MIDDLE | CERTIFICATE | KEG. INC | |
| M) 100 | | PE OR PRINT) | 1 -4 | /Lance | 12 (| 20 DATE KNOWN OF ESTI- | 00000 |
| 1) 3555 | 1: SE) | 14 RACE | 5. DATE OF BIRTH | 9536 AGE (IN YEARS IF | UNDER 1 YR. IF UNDER | DEATH MATED | Jugo 198 D AM |
| N | 2000 | al la | MONTH DAY | YEAR LAST BIRTHDAY) MO | NTHS DAYS HOURS | MIN PRONOUNCED | MONTH DAY YEAR 2d HOUR |
| STORY / | 7 | IRTHPLACE (STATE OR | 16. CITIZEN OF WH | | | DEAD ALL | 1986 X.M |
| HAREN L | 100 | OREIGN COUNTRY) | | MAF | RRIED NEVER MARR | RIED . | COUNTY OF DEATH |
| 要是的孩子人 | | shington, D.C. | USA | | OWED L DIVORC | 1,1,000 | OCOY OF MD. |
| S HOLE | 17 | ITY OR TOWN OF DEATH | (IF NOT IN SUCH FAC | PITAL, NURSING HOME, OR O' | THER INSTITUTION | FOR MOST OF WORKING LIFE) | E OF WORK 126 KIND OF BUSINESS OR INDUSTRY |
| 302.48 | 6 | - lenz den | 1523 | Thut | | Disabled | None |
| 8 50550 6 50550 | 1Ja. 5 | AL RESIDENCE (IF IN NURSING HOAD | AE OR OTHER INSTITUTION, GIV | 136 CITY OR TOWN | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS | 14/64 |
| 2 名名學里班 | 1 | nde, Arin | ic bedges | Glen. 2 vdc r | | | hot. |
| M NOW / |) LE | ATHER'S NAME | MIDDLE | LAST | 15. MOTHER'S MAID | EN NAME MIDDLE | LAST |
| E SACE | | Andrew | | new | Dorot | | Harris |
| A CENTRAL IN | 16a. \ | WAS DECEASED EVER IN U.S. (15, NO., OR UNKNOWN) (15 YES, G | ARMED FORCES? | 166. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS | |
| A PAGE | | Yes | | 579-66-4657 | Mrs. Dor | othy Harris/mot | her /3540 Edwards |
| 1 W 18 | 7 | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU | anly one cause per line | far (o), (b), and (c).) | St., I | andover, Md. | APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH |
| A HERE | | | IATE CAUSE (a) | sphyx12t | -10 n | | |
| STALL STALL | | Color of the same | | AS A CONSEQUENCE OF | | | |
| HE HERE | | Canditians, if any, whi gove rise to immedia | ote (b) | Hangins | | | |
| W AREN | | lying cause last. | DUE TO, OR | AS A CONSEQUENCE OF | | | |
| DUTE BRAL BOAN BOAN | 2.3 | | (c) | | | | |
| RECORDS, DD SE EXEC PENDING** MEDICAL DD AS A BUR EALTH AN | - | PART 2 OTHER SIGNIFICANT CONDITIO | ONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERMINAL DISE | ASE OR CONDITION GIVEN IN PA | ART Tio. | |
| - SASABB E | CATION | 100 | w | | | | |
| THE BUT OF | 2 | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH OPERATION | WAS PERFORMED? | | 20 AUTOPSY? |
| F 789358 | 1 | | 20 | | | | YES NO NO |
| DIVISION OF SCRINCATE RITING THE W REED TO THE RESTOULD OF PRICE TO | 8 | 210 EXTERNAL CAUSE WAS | 2 Th. TIME OF HOUP A.M. | MONTH DAY YEAR | HOW INJURY OCCURRE | ED LENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| NO HE DE PARTIE | 13 | CONTRIBUTING CAUSE C | | 85 1986 | Hung o | rett | |
| AN SERVER | 8 | 214 INJURY OCCURRED WHILE DOT WHILE | 21e PLACE O | FINJURY (ATHOME, 21f L DRY, FARM, ETC.) | OCATION STREET | CITY OR TOWN | COUNTY STATE |
| A SAME A SAME | 1 | AT WORK AT WORK | × 100 | No 19 | that. 6 | clandvdenf | Vince Cerrya My |
| DAY PARTY | | 220 I certify that I took chi | orge of the remains desc | ribed above, held an Auto | opsy . Inspection | an D, Inquiry , an | nd in my opinian |
| A CATA | | death resulted fram: No | ntural couses . | Accident , Suicide 2 | | Undetermined manner , | |
| AWAN SERVE | | 1 | - 01 | > | TITLE (SPECIFY) | | |
| 4#54£%- | | SIGNATURE | 10 | oshe | MD DEP | MEDICAL EXAMINER | SIGNE UN 5/9A1 |
| DE SE | | EVANIFIED S NAME | | 0 | , | | 0 |
| A SECOND | | TYPE OR PRINT | | | ADDRESS | | |
| 525539 | 23o. B | URIAL, CREMATION, REMOVAL | | 13c. NAME OF CEMETERY | OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| 07/84 BP | | Burial | 8-9-86 | Harmony Me | morial | Landover. | Md. |
| DHMH - 17 | 24 F | UNERAL DIRECTOR | CO 3040438 | 12th St. N.E., | 250. DATE | REC'D. BY REGISTRAR 25h REGI | STRAR'S SIGNATURE |
| (VR A15 ME (5)) | | oom is milles | | IZCII St. N.E., | D.C. 20017 | 3 1 1 1986 games | VCD (1990-, .) |



STATE OF MARYLAND

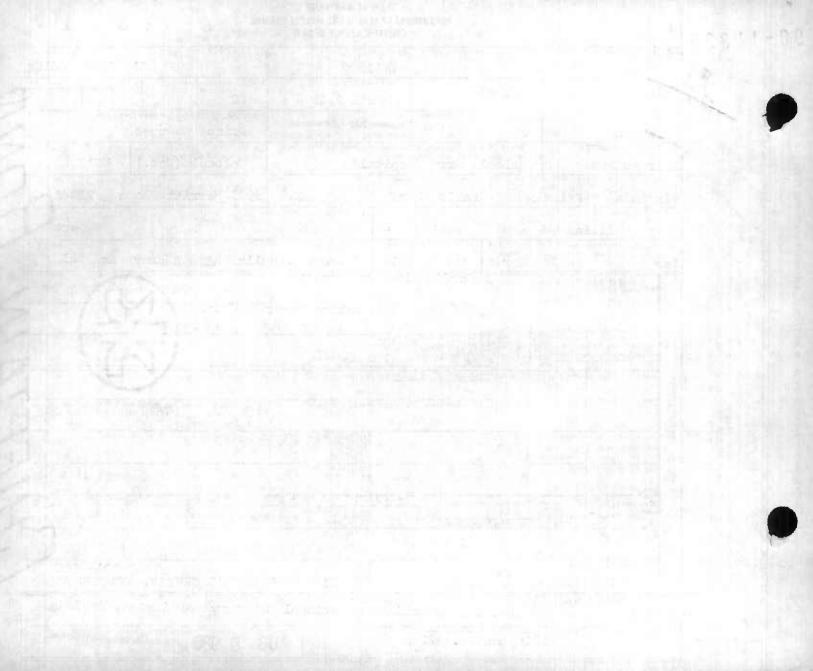
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH 2b. HOUR LTYPE CHIPRING 0610a BULLA AUG 01 1986 GORDON G 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR Caucasian ale DAYS April 9,1904 TO BIRTHPLACE (STATE OR EOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KENEVER MARRIED Prince Georges Oklahoma USA WIDOWED HO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (HE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)
Malcolm Grow Hospital Colonel (Ret.) USAF Andrews AFB USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 5925 Merritt Place Fairfax Falls Church Virginia 15. MOTHER'S MAIDEN NAME ALEATHER'S NAME MIDDLE MIDDLE Ruth Rupert Bulla William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WW II, Korea LYES, NO OR UNKNOWN) #13 Lenore E. Bulla same address as 444 40 7678 Yes 18 CAUSE OF DEATH (Enter only one couse per la Card lopulmonary Arrest PART). DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AR DIOPULMONARY A172157 IMMEDIATE CAUSE 2nd Stage Congestive Heart Failure NDSTAGE CONGESTIVE HEART FAILURS Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSECUENCE OF cause (a), stating the underlying cause last RINAL EDILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA YES [218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE o. V certify that (1) (this haspital attended the deceased fram 444 aw the deceased glive an above ((1) we) (did not) view the body after death. and that in my our opinian death accurred an the date and have and from the causes stated SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 01 AUG 86 DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 20331-5300 ENNETH MALCOLM GROW MEDICAL CENTER, ANDREWS AFB MD URTIN Date 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION Arlington, Virginia 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 24 FUNERAL DIRECTOR Ives-Pearson Funeral Homes

(VRA 15, 4)

Arlington, Va. ~22201

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



| da" | | | | | STAT | E OF MARY | YLAND | | | |
|-----------------------------------|--|---------------|--|---|---|-------------------|---|--|---|---|
| 00- | 15821 | 1 | FOR | | DEPARTMENT OF H | EALTH AN | D MENTAL HYG | IENE _ | 2 3 1 | 20 |
| 00 | 17061 | 15 | STATE REGISTRAR | ME | DICAL EXAMINE | R'S CERT | IFICATE OF B | EATH | REG. NO. | and the |
| | | 1. DE | CEASED NAME FIRST | | MIDDLE | LAST | | | | DAY YEAR THE HOUSE |
| | | | PE OR PRINT) | | 1. | 17 | 1/1 | / OF E | STI- | 7630 |
| | ASE OF SEEL SEEL SEEL SEEL SEEL SEEL SEEL SEE | | 7.59 | 10/ | Mary | 1.3 w | ropell | DEATH M | ATED PUS / | 6 1986 A M |
| | 海戸三支馬 | 3 SE | X 4 RACE | S DATE OF BIRTH | 22 YEAR 6 AGE (IN YEAR | | YR. IF UNDER 24 H | | MONOL | DAY TEAK TO PROUR |
| | N 2 C R | | 1 11 | 11/23 | | , moraris by | AYS HOURS MIN | PRONOUNCE DE AD | DALLER | 1 01/830 |
| | A TO NO | 7- 0 | IRTHPLACE (STATE OR | 76. CUIZEN OF WE | HAT COUNTRY? | | | | CUS. 1 | 8,19/8/ ZM |
| | SE S | 70. D | OREIGN COUNTRY) | | TAI COUNTRY? | MARRIED [| NEVER MARRIED | J PALTIMOR | E CITY OR COUNTY | OF DEATH |
| | S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESION STREET, | | Louisiana | USA | | WIDOWED & | DIVORCED | 1 /y/v | 1ce Po | ercer MD |
| | | 10 C | ITY OR TOWN OF DEATH | | PITAL, NURSING HOME, | OR OTHER INS | | USUAL OCCUPAT | ION (TYPE OF WORK 12 | OR INDUSTRY |
| | > E S E S | 1 | 2 | 7 US NOT IN SUCH FA | CILITY, GIVE STREET ADDRESS) | C1 1 | | FOR MOST OF WORKING | | OR INDUSTRY |
| -4 | ANY DELAY AND 3 TO TH RETAIN PAG FOULD BE FILE RECORDS, 20 | HICH | | 4/0/1/ | cultiven | -b-1V | 3.62 | Homemake: | r | |
| a | ANY E AND 3 PETAIN POULD RECORI | 13a S | AL RESIDENCE (IF IN NURSING HOM | JNTY | 13c. CITY OR TOWN | | ISIDE CITY LIMITS? 13e | STREET ADDRESS | 1201 | 15. |
| 213 | A Z E Z S | / | 212 811 | Le Geevs | od 130 Wie | | A - 10. | 919/Ves | Marcont | 7 NOR9 |
| o o | H. IF AN A.3. RE A.2. SHOO TAL REC | 14 F | ATHER'S NAME | c. cooga | | 15 44 | OTHER'S MAIDEN N | AME | CN | -U / V 4 DL Z |
| 2 | | | FIRST | MIDDLE | LAST | 13.70 | FIRST | MIDDI | | LAST |
| S. S. | | | David H | | | - | Sarah | | McE | |
| BALTIMORE, MD. 21201 | FIER DE FORME DE CONTRACTOR DE | 160 | WAS DECEASED EVER IN U.S. A | ARMED FORCES? | 166. SOCIAL SECURITY | NO. 17. IN | FORMANT | | APP5809 Pin | ecroft Lane |
| | S AFTER GIVE PA ITH FOI PAGES IVISION | | no | VE WAR OR DATES | 325-05-993 | 8A He | erbert J. | | Bowie, M | |
| - | | Ħ | | 1 | | 011 110 | 34 004 0 0 0 0 | DIGMONG | DOWLE, M | |
| 1 | N 18. | | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS | only one couse per fine | for (o), (b), ond (c),) | | | /, 1 | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST | TED WITHIN 24 HOUND PENCIL IN ITEM 18 NOW CAMINER ALONG AL-TRANSIT PERMIT MENTAL HYGIENE, N, OR REMOVAL. | | | IATE CAUSE (o) | New De | MU | acar | 10/2/ | 1)151 | |
| ors | SZZA E Z O | | | DUE TO, OR | AS A CONSEQUENCE OF | - | | , | | |
| or m | WITHIN 24 PENCIL IN ITEA MINER ALON TRANSIT PER ENTAL HYGIEL OR REMOVAL | 7.0 | Canditions, if any, while | | The dance | 1 | , , / | 1-1 | 0.5 | |
| | NA A A A | | gove rise to immedia cause (a) stating the unde | | Monde | MAN | DC210 | 120 | 1101 | |
| 2 | UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS D MENTAL H ON, OR REA | | lying cause lost. | DUE TO, OR | AS A CONSEQUENCE OF | / | | | | |
| DIVISION OF VITAL RECORDS, 201 W. | SHOULD BE EXECUTED DRD "FENDING" IN PROCHEE WEDICAL EXAMELED AS A BURIAL-OF OF HEALTH AND MEDURIAL CREMATION, CANNOW CANN | | | (c) | | 2015 | | | | |
| S | EXEC NG NATI | | PART 2 OTHER SIGNIFICANT CONDITIO | NS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMIN | AL DISEASE OR COL | NOITION GIVEN IN PART 1 In | | | |
| Ö | D BE EXECTED BE EXECTED BY WEDICAL AS A BU CALTH AN CREMAT | Z | /Vone | | | | | | | |
| E C | EA AND | CERTIFICATION | 19a. DATE OF OPERATION | Tial COMPT | TION FOR WHICH OPERA | TIONING DE | 25 021 152 0 | | | |
| 7 | SHOULD ORD "PE CHIEF A E USED V | 0 | THE BAIL OF GERATION | 178 CONDII | ION FOR WHICH OPERA | TION WAS PER | KLOKWED. | | | 20 AUTOPSY? |
| É | WORD WORD WORD BE US BUNION | E | / Vone | | | | | | - 1-2-7 | YES O NO X |
| J. | THE WEN | 1 2 | 210. EXTERNAL CAUSE WAS | 21b. TIME OF | | 21c HOW IN | JURY OCCURRED (EN | TER NATURE OF INJURY | IN ITEM 18 PART I OR PART | 7) |
| z | A H D W | | UNDERLYING OR CONTRIBUTING CAUSE O | | MONTH DAY YEAR | 3 3500 | | | | |
| 8 | FOFTE | MEDICAL | 216 INJURY OCCURRED | P.M. | | 21f LOCATIO | AA1 | | | |
| ≥ | HIS CERTIING WRITING ARDED T AGE 3 SH ATE DEPA 1201 PRIC | ME | WHILE ON NOT WHILE | STREET FACT | FORY, FARM, ETC.) | STREET | | CITY OR TOWN | COUN | TY STATE |
| ۵ | A A A A A A A A A A A A A A A A A A A | | WHILE NOT WHILE AT WORK | | | R. STA | | | | |
| | | | | | | | | | | |
| | | | 00 : 4 4 : 1 1 | | | | | h [| | |
| | | | 22a. I certify that I took cha | orge of the remains des | cribed above, held on | Autopsy | , Inspection | nquiry [| ond in my opin | ion |
| | | | Market Control of the | orge of the remains designated for the second courses . | cribed above, held an | | | Inquiry I | | on |
| | | | death resulted from: Na | 1 | | ide 🔲 , 🕒 | | | | ion |
| • | | | death resulted from: Na | 1 | | ide 🔲 , 🕒 | Homicide Un | determined monni | er . DATE (| 1wol11984 |
| • | | | ACTUAL SIGNATURE | 1 | | ide 🔲 , 🕒 | Homicide Un | | er . DATE (| Ing/4/986 |
| • | | | ACTUAL SIGNATURE | 1 | | M.D. | Homicide Un | determined monni | er . DATE (| 1mg/4/956 |
| • | | | death resulted from: Not ACTUAL SIGNATURE EXAMINERS NAME (TYPEOR PRINT) | र्जिंग्ठा couses . | Accident , Suici | M.D. Z | Homicide Unite (SPECIFY) | AEDICAL EXAMIN | er . DATE (| 1mg/4/984 |
| • | AL EXAMINER: THE CERTIFICATE, TOULD BE FORW AL DIRECTOR: P. H., WITH THE ST. S. MARYLAND, 2 | 230.8 | ACTUAL SIGNATURE | 73b DATE | Accident , Suici | M.D. ADDRE | Homicide Un IJE (SPECIFY) A ESS | determined monni | er . DATE (| 1wg/4/986 |
| 07/84 | | 23a.B | death resulted from: Not ACTUAL SIGNATURE EXAMINERS NAME (TYPEOR PRINT) | 73b DATE | Accident , Suici | M.D. ADDRE | Homicide Unit (SPECIFY) A ESS MATORY 236 Partory | AEDICAL EXAMINI | ER DATE COUNTY | Aug/4/786 |
| 07/84 25M | TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STILL BALTWORE, MARYLAND, 2 | () | deoth resulted from: Dig | 123b DATE Aug 19 198 | Accident . Suice 234 NAME OF CEME Metropoli | ADDRE | Homicide Unit (SPECIFY) A ESS MATORY 236 Partory | ALOCATION ALOCATION ALOCATION ALOCATION ALOCATION BY REGISTRAR | ER DATE COUNTY | inia STATE |
| | TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 | 24 F | deoth resulted from: Not actual SIGNATURE EXAMINER'S NAME (TYPECOR PRINT) URIAL CREMATION, REMOVAL SPECIFY) Cremation | 73b DATE Aug 19 198 | Accident , Suici | ADDRE | Homicide Unit (SPECIFY) A ESS MATORY 236 Partory | AEDICAL EXAMINI LOCATION CITY OF TOWN Alexand | er DATE OF SIGNATURE COUNTY COUNTY COUNTY | IND/5/955 STATE INTIA NATURE |

smooth in hive

15.00) Finderick

. H , Leo

Base of Hard and Alexander

Grandian July 19 1960 Notropolited Grandony | Alexandria, Virginia

Total done described with the contract of the

STATE OF MARYLAND

| g | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE S S | 2 | 3 / | 2 | |
|---|---|--|---|-----------|--|--------------------------------------|----------------|------------------------------|----------------------------------|--|
| | I DECEASED NAME (TYPE OR PRINT) | Louise | Speaks | Burch | nett | August 10 | | 6 YEAR | 7:50p _M | |
| | 3 SEX Female | 4. RACE | White | 5. DATE O | | 6 AGE (IN YEARS LAST BIRT | YRS. | FUNDER 1 YEAR | IF UNDER 24 HRS | |
| | BIRTHPLACE (STATE OF Maryland | Maryland USA | | | D NEVER MARRIED DIVORCED | Prince-Georges | | | | |
| 2 | Hyattsvil | le / (IF NO | | (eart | Home, Inc. | (TYPE OF WORK FOR MOST O Bank Cle | WORKING LIFE | | F BUSINESS OR | |
| | Maryland | COUNTY ME OR OTHER INST | y Rockville | V | 134 INSIDE CITY LIMITS? YES NO [| 13e STREET ADDRESS / 764 Prin | ZIP CODE | Place | 20850 | |
| 1 | 14 FATHER'S NAME FIRST Ernest | MIDDIE C. | Speaks | | 15. MOTHER'S MAIDEN NAME FIRST Lula | WE | | Rowe | | |
| 2 | 160 WAS DECEASED EVE (YES NO OR UNKNOWN) | R IN U.S. ARMED FOR (IF YES, GIVE WAR OR D. | | | 17 INFORMANROBERT Potomac | L. Burchet, Md. 20854 | | 02 Capt | ain Smith Cour | |
| | 18 CAUSE OF DEA PART I. DEATH V | TH (Enter only one cou WAS CAUSED BY IMMEDIATE CAUSE | use per line far (o), (b), ond (o) CARD(AC | A | RREST | | | APPROXI | MATE INTERVAL DNSET AND DEATH | |
| | Conditions, if on gove rise to im couse (o), state underlying couse | y, which omediate ing the DUE | TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE (c) | - 1/ | | | | | | |
| | | ASV | CANCER | EATH BUT | 3 GASTR | ITIS | DITION GIVI | EN IN PART Tig | | |
| < | 19a DATE OF OPERA | | CONDITION FOR WHICH | OPERATIO | | YES NO | IN CERTIFY | , WERE FINDIN YING CAUSES | | |
| - | OR CONTRIBUTING [| CAUSE OF DEATH HO | TIME OF INJURY UR A.M. MONTH DA P.M. | Y YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 P | ART 1 OR PART 2) | | |

MEDI NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC)

211 LOCATION STREET

CITY OR TOWN COUNTY

STATE

220.1 certify that (1) (this haspital) attended saw the deceased alive an obove, (1) (we) (did) (did not) view

ATTENDING PHYSICIAN MEDICAL

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

Dr. Kevin Nealon ID

22e ADDRESS 916

DEGREE

th Street, N. W. Washington, D.C.

BP.

FUNERAL DIRECTOR:

DHMH - 16 60M 7/B4 (VRA 15, 4)

marked or Item

MPORTANT: If Item 21

236 BURIAL, CREMATION, REMOVAL 236 DATE Buria1

14,1986 Mt. Olivet Cemetery

the deceosed from

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Frederick, Frederick, Md. State

106 East Church St., Frederick, Md. 21701

AUG 15 1986

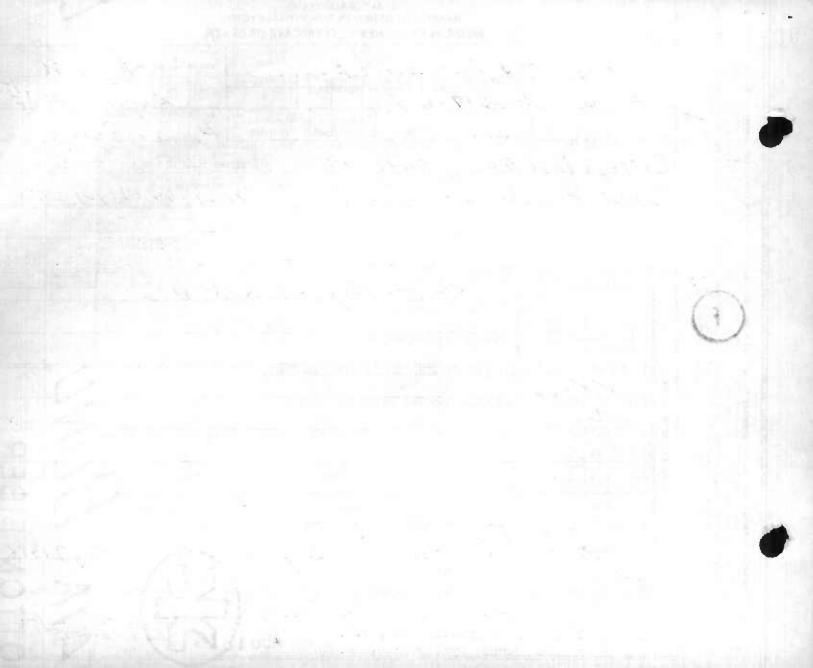
No are an area of the second o services transfer to the first conference of the first the state of the s ENTERED SERVICES THE WARD

| | | | | | | | ARYLAND | | | |
|----------------------------|---|---------------|---|---------------------|------------------------------|---------------|---------------------------|--------------------|-------------------------|--|
| | | 11. | FOR STATE | | DEPARTMENT OF | HEALTH | AND MENTAL H | YGIENE | 9 3 | 122 |
| 0.0 | 10001 | | REGISTRAR | MEI | DICAL EXAMIN | IER'S C | ERTIFICATE O | FEATH | REG. NO. | / |
| 00- | 10734 | | EASED NAME FIRST | | MIDDLE | l | AST | 20 DATE | | TH DAY YEAR 126 HOUR |
| | W | (TYP | EOR PRINT) BLAIR | | | 0 | BURTON | OF | MATED MATED | 1- 1-1578 |
| | ASS ASS CRESS OF THE CRESS OF T | | 13/21 | V | /: | 5 us | ton | | 100 | 3/7/19/3/ OM |
| | SESE | 3. SEX | | DATE OF BIRTH | 6. AGE (IN YE LAST BIRTHD | | DER 1 YR. IF UNDER 2 | MIN PRONOUN | NCFD . | DAY YBAR 2d HOUR |
| | NZ OOK | _ | 101 h | 107021 | 48167 | RS. | 10000 | DEAD | | 19 19 08 PM |
| | A X X X | lo B | | CITIZEN OF WH | HAT COUNTRY? | 8 | | 9 BALTIM | ORE CITY OF COL | NTY OF DEATH |
| | NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITH N72 HOURS | | REIGN COUNTRY) | TTO | | | D NEVER MARRIE | ישעו | | |
| | | | ash.,D.C. TY OR TOWN OF DEATH | USA | PITAL, NURSING HOM | WIDOWE | | | PATION (TYPE OF WOR | RE 126 KIND OF BUSINESS |
| | A A GE | 10.0 | P / / | | CILITY, GIVE STREET ADDRESS) | E, OR OTHE | K INSTITUTION | FOR MOST OF WOR | | OR INDUSTRY |
| | NO G H S | 1/ | SINCYONLEC | elono | 1 Me | m. | Haro | Self-em | olowed | Self |
| = | 2049時 | 13a S | | HER INSTITUTION, GR | 136. CITY OR TOWN | | 13d INSIDE CITY LIMITS | 13 CSTREET ADORE | 6806 B | iltimore Ave |
| 2120 | 25088 V | 130 3 | 101 | 6000 | 12 12 H | sill | YES NO I | 641 | RIL | im eve Nice |
| Ġ. | Fain To | 14. F | THER'S NAME | Ocor je | | 3 1 1/4 | IS MOTHER'S MAIDEN | N NAME | 102/1 | 7-1-010/140 |
| 2 | 16-19-ELZ | | FIRST | IODLE | LAST | | FIRST | N | IDDLE | LAST |
| ORE | 1985 ANT | - | Adolphus | | rton | | | len | | hite |
| IM | 2 | 160 V | VAS DECEASED EVER IN U.S. ARMED | OR DATES) | 166 SOCIAL SECURIT | Y NO. | 17 INFORMANT . | Wife | ADDRESS | |
| BALTIMORE, MD. 2120 | SKAT A | | No None | | 579-18-672 | 6 | AliciaBurt | on 6806 I | Baltimore | Ave. Hyattsvil |
| | 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | | 18 CAUSE OF DEATH (Enter only or | | | | | | | BENCE NON 20 7 0 21H |
| PRESTON ST | 2×2×4 | | PART I DEATH WAS CAUSED BY | | 1 | 1 | JUDGIN | 1.51 | D. C. | BROKEN ON CHILD IN |
| Ö | 24 H LON LON PER VAL | | IMMEDIATE C | | AS A CONSEQUENCE | 05 | 110000 | arel | 610. | |
| EST | WITHIN 24 H NCIL IN ITEN INER ALON IRANSIT PER VIAL HYGIEN | | Conditions, if any, which | DOE TO, OR | AS A COI43EQUEIACE | OF 4 | | | | |
| - E | A REAL | | gave rise to immediate | (b) | | | | | | |
| 3 | 0%3750 | | cause (o) stating the <u>under</u> - lying cause lost. | DUE TO, OR | AS A CONSEQUENCE | OF | | | | The Property of the Party of th |
| 201 | SAN SAN | | lying couse lost. | (c) | | | | | | \$1 Burn 2550 |
| | D BE EXECUTE ENDING" IN I MEDICAL EX- AS A BURIAL ASITH AND MI CREMATION, | | PART 2 OTHER SIGNIFICANT CONDITIONS CONT | | BUT NOT RELATED TO THE TERM | AINAL DISEASE | OR CONDITION GIVEN IN PAR | T Long | | |
| DIVISION OF VITAL RECORDS, | "PENDING "PENDING FF MEDICA ED AS A BU HEALTH AIL, CREMA! | Z | 1/0- | | | | | | | |
| E. | | CERTIFICATION | 190 DATE OF OPERATION | IN CONDIT | ION FOR WHICH OPER | ATION WA | S DEDECIDATEDS | | | 20 AUTOPSY? |
| 4 | SHOULD ORD "PI CHIEF I E USED. | Ž. | The Ball of Orekanor | 178. CONDI | IOIT OR WINCH OFER | CATION WA | AS PERI ORMED! | | | AUTOPSY? |
| 1 × | W ORD W | l i | Nove | | | | | | | YES NO-EC |
| 9 | AEN MEN | 8 | 210 EXTERNAL CAUSE WAS | 11b. TIME OF | MONTH DAY YEAR | | W INJURY OCCURRED | ENTER NATURE OF IN | JURY IN ITEM 18 PART TO | R PART 2} |
| Z | STEED TO THE STATE OF THE STATE | 13 | UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | | | | | | |
| ISIO | | MEDICAL | 214 INJURY OCCURRED | 21e PLACE C | OF INJURY (AT HOME, | 21f. LOC | | | | |
| 5 | WRITING ARDED ARDED GE 3 SI ZO1 PR | 3 | WHILE NOT WHILE | STREET, FACT | ORY, FARM, ETC.) | ST | REET | CITY OR TO | WN | COUNTY STATE |
| | WARD WARD WARD PAGE TATE I | | AT WORK AT WORK | | | | | | | |
| | ATE OR | | 220 I certify that I took charge of | the remoins des | cribed obove, held an | Autopsy | y . Inspection | Inquiry | , ond in my | opinion |
| | MANER HFICATI BE FOR FCTOR: HTHE YLAND | | death resulted from 7 Natural c | ouses 🔼 | Accident Su | ricide . | Hamicide . | Undetermined me | opper . | |
| | EXAM CERTI OILD 8 DIREC | | // / | / | | | TITLE (SPECIFY) | | | |
| | ## 20 ± 5 € 5 | | ACTUAL | 1/11 | 108.1 | 4 | - Corecini | | DA | TEA 110 78 1921 |
| | 2 H X X H X 7 | 1 | SIGNATURE | - | 3 | ZM.[| D. 100/12 | MEDICAL EXAM | AINER SIG | WEB BY BOTTOF |
| | MED SE A P | 1 | EXAMINER'S NAME | G DOG | EDG W D | n a | 2070 | | | |
| | TO MEDICAL EXAM EXECUTE THE CERTIFE PAGE 4 SHOULD BE TO FUNEAL DIREC ATER DEATH, WITH BALTIMORE, MARYL | 6 | (PYPE OR PRINT) JOHN | | ERS, M.D. | | | | Road, Silv | ver Spring Md. |
| | EDSES | | JRIAL, CREMATION, REMOVAL 236 [| DATE | 23c NAME OF CE | METERY OR | CREMATORY | 23d LOCATION | c | OUNTY STATE |
| 07/B4 | BP | | Burbal Au | g.23,19 | 36 Fort Li | ncoln | Cemetery | Brenty | rood P.G. | Ctv. Maryland |
| 25M | DHMH 17 | 24. F | INERAL DIRECTOR | ADDRESS | | | 250. DATER | EC'D. BY REGISTRA | R 256 REGISTRAR | S SIGNATURE |
| | (VR A15 ME (5)) | | W.W. CHAMBERS CO., | | eveland Are | Rive | rdale AUB | 26 1986 | Scha David | Control Parkers |
| | | | | JOOT OT | CACTUM WAS | PATTIE | Trate line | 5 700 | // | |

The state of the s

et et 1910 . CHARLES CO., 3-01 Cloveland Avended, W.P. 2 & Kir Jan et al.

| | | | FOR | | STA DEPARTMENT OF | | ARYLAND | YGIENE . | 0 2 | 9 - 3 | -2 |
|--|--|---------------|---|---------------------------|--|---------------|---|--|--------------------------|---------------|---------------|
| 00- | 15000 | 1- | STATE REGISTRAR | | DICAL EXAMIN | | | FDEATH | REG. NO. | 1 6 | 3 |
| 00- | 13366 | 1. DE | CEASED NAME FIRST | | MIDDLE | | LAST | 26 DATE KN | HINOW MONTH | DAY YEAR | 2h HOUR |
| | 3 8 8 8 E | (TYP | Rosetta | 162 6 | Catherine | · P. ·F | Bussan | OF E | ATED & Au | 6, 19 5 | 1 " |
| | NEGSSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET. | 3. SEX | | S. DATE OF BIRTH | | ARS IF UN | DER TYR. IF UNDER | | MONTH | DAY YEA | R 2d. HOUS |
| | DINE DINE | | FW | 127.06 19 | 2 | RS. MONTE | HS DAYS HOURS | MIN. PRONOUNCE DEAD | Away 1 | 190% | S P M |
| 1 | PARAL MARIENTA | 7a 81 | RTHPLACE (STATE OR REIGN COUNTRY) | 76. CITIZEN OF WH | AT COUNTRY? | 8 MARRI | ED NEVER MARRI | ED 9 BALTIMO | RE CITY OF COUN | TY OF DEATH | |
| 2 | FUNERAL FUNERAL 5 FOR Y 0, WITHIN W. PREST | I1 | linois | U.S.A. | | WIDOW | | | 500 6 | e-119e | MD. |
| 11 | IS NEC HE FUNI A SE 5 FC FILED, WI | 10 CI | TY OR TOWN OF DEATH | | PITAL, NURSING HOM | E, OR OTH | ER INSTITUTION | 128 USUAL OCCUPA FOR MOST OF WORKIN | G LIFF) | 176 KINDYOF E | BUSINESS |
| 4 | 1255 | (| Allece lev | £ 9521 | 24th | 1 | 2/. | Home Make | r | Own Hor | |
| 100 | 20K30 | 13a. S | | OR OTHER INSTITUTION, GIV | 13c. CITY OR TOWN | ON) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | . 11 | 10.0 | |
| 19 | 34808 | | and Krim | e benya | College | Kert | YESXX NO | 19521 | 94 th | 10/ 20 | 0740 |
| W | 青田を変更 フ | | ATHER'S NAME | MIDDLE | LAST | | IS. MOTHER'S MAIDE | MIDD | 4E | LAST | |
| ORE | 383390 | | William VAS DECEASED EVER IN U.S. AF | | uer Tibb SOCIAL SECURIT | YNO | Anna | Minnie | | a11 | |
| TI. | A S S S S S S S S S S S S S S S S S S S | (Y | ES, NO, OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | The state of the s | | | | AD56th Av | | 207/0 |
| ¥ M | A SP | | NO IR CAUSE OF DEATH (Enter o | alu ana anuna na tina | 215-58-989 | 13 | Marityn H | ayden Berw | yn neigh | | ATE INTERVAL |
| 75 | OF OF S | | PART I DEATH WAS CAUSE | D BY: | far (g), (b), and (c).) | Ma | Lacar | V.:1 17 | 11 | BETWEENON | SET AND DEATH |
| TON | 3 = 9 = 5 | | IMMEDIA | DUE TO, OR | AS A CONSEQUENCE | | ye var | 3/20 0 | 10- | | |
| ES | A H | 1 | Canditians, if any, which | | | | | | | | |
| .× | N Z Z Z Z Z | | gave rise to immediate cause (a) stating the <u>under</u> | | AS A CONSEQUENCE | OF | | 18 18 18 18 18 | | | |
| 201 | N EXA | | lying cause last. | (c) | | | | | | | 25.00 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | | | PART 2 OTNER SIGNIFICANT CONDITION | CONTRIBUTING TO DEATH I | OUT NOT RELATED TO THE TERM | AINAL DISEASI | E OR CONDITION GIVEN IN PA | RT 1 (a) | | | |
| 0 | PENDING F. MEDIONG F. | o N | Non | e | | | | | | 100 | |
| 1 2 | HIEF A HIEF A USED OF HE RIAL, | SA | 190. DATE OF OPERATION | 196 CONDIT | ION FOR WHICH OPER | ₹ATION W | 'AS PERFORMED? | | | 20. AUTOPS | Y? |
| ZIV. | 200 8 - 3 - | CERTIFICATION | 210 EXTERNAL CAUSE WAS | 216 TIME OF | BILLIAN | | 011111111111111111111111111111111111111 | | | YES 🗌 | NODE |
| 9 | THE OF TH | | UNDERLYING OR | HOUR A.M. | MONTH DAY YEA | R ZIC. HC | OW INJURY OCCURRE | D LENTER NATURE OF INJUR | I IN ITEM 18 PART 1 OR P | ART 2) | |
| So | HIS CERTIFICATE WRITING THE WARDED TO THE GET SHOULD BY THE DEPARTMENT TO BE TO PRIOR TO BE TO B | MEDICAL | CONTRIBUTING CAUSE OF | | DF INJURY (AT HOME, | 21f 1.O | CATION | | | | |
| DIV | RITIN ROED WE 3 | ME | WHILE NOT WHILE | | ORY, FARM, ETC.) | | STREET | CITY OR TOWN | CC | YTHUC | STATE |
| | | | | | | | | | 7 | | |
| | AND SO SHE | | 22a I certify that I taak char | | | Autap | | , | , and in my a | pinian | |
| | AAN REC ITH REC | | death resulted fram Nati | ural causes | Accident . St | vicide 🔲 | , Hamicide L | Undetermined mann | er [], | | |
| | Z S S S S S S S S S S S S S S S S S S S | | ACTUAL SIGNATURE | 10 | (aprel | - 24 | TITLE (SPECIFY) | MEDICAL EXAMIN | DATE | Leve 2 | 19PZ |
| | SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT | P | | | 0 | | 7 | MEDICAL EXAMIN | ek sign | 9 | |
| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | | (TYPE OR PRINT) | | | | ADDRESS | | | 1 | |
| | 5XX5XX | 23a. B | URIAL, CREMATION, REMOVAL | | 23c. NAME OF CE. | METERY O | RCREMATORY | 23d. LOCATION | COL | INTY | STATE |
| | BP | | Burial | 8-11-86 | Gate of | Heave | n Cemetery | Silver Sp | cing Mont | gomery | Md. |
| | DHMH - 17 | 74 F | Francis Gasch' | | | | 750. DATE | G.1 3 1986 | TURE DEVISES | SIGN PHONE | مالا |
| | (VR A15 ME (5)) 20M 4/82 | | 4739 Baltimore | Avenue I | lyattsville | , Md. | 20781 | 0.10 200 | | | |



| | | | | | | | SIAI | UF MAKTLAND | | | |
|---|---------------------------|---------------|--|-----------------------|------------------------------|---|---------------|---------------------------------------|--------------------------------|--------------------------|--|
| 00-157 | 6 | 1- | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HY ICATE OF DEATH | GIENES 6 | 2 3 / | 2 4 |
| | | | | FIRST | | MIDDLE | L | AST | 20. DATE OF DEATH MO | ONTH DAY YEAR | 10 |
| nay be page 3 | | (1YPE | OR PRINT) | RANC | ES J. | ANE | | BUTTS | | 86 | |
| pog pr de | | 3. SEX | | 4 | RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHD | AY) FUNDER I YE | AR IF CHIER A HRS |
| ge 4 r | | | Female | | Whit | ce | June | 13°AY 192'0° | 66 | YRS. | TS HOURS MIN. |
| Pour hau | 95 | - | THPLACE (STATE OF FORE | EIGN 7 | L CITIZEN OF | WHAT COUNTRY? | 8 AAA DOIE | NEVER MARRIED | 9 BALTIMORE CITY OR | OUNTY OF DEATH | |
| Jeoth Junero | | | Virginia | - | USA | | WIDOWE | DIVORCED | | CES COUNT | MD. |
| With the tree | 2/ | 10 CI | Y OR TOWN OF DEATH | 1 | | HOSPITAL, NURSIN H FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | PRKING LIFE) INDUST | OF BUSINESS OR |
| filed filed | 00 | _ | LINION MD | | SOUTH | ERN MARY | | IOSPITAL. | nousewill | = . | поше |
| ND 2V | 35 | | RESIDENCE (IF NURSING | P PUN | | SUL LIST | | 13d INSIDE CITY LIMITS? | 13. 319EFF 7DDRESS 47 | l'Coprive | 2074 |
| MARYLAN ed within 2 implerely fill ond the | 127 | 14 FA | Robert | L. | NDDLE | Bryant | Province | 15. MOTHER'S MAIDENN Maryst | Jane Dole | Stan |) av |
| - 0 - | | | | | | | | | ADDRESS | | 201 |
| BALTIMORE cate be executable by sicion and copers. Pages wol. | medico | 16a V | NO OR UNKNOWN) | | MED FORCES? WAR OR DATES) | 577 40 | 0648 | Jackie Sc | hraf Rt 1 B | 30x 208 V | White Md ROXUMATE INTERVAL TEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert oftending physicion. After this certificate has been signed by the oftending to she build-transit permit. Han place services corbon to she build-transit permit. Han place services corbon, or set the noted Americal Hydiene arior to buriol, cremating, or | sany injury, or other tra | CERTIFICATION | | diate the lost. | | | DEATH BUT | Lepso's Gm NOT RELATED TO THE TER | | TION GIVEN IN PART | |
| TAL RE Cion. | Pho Sh | RTIE | | | AN Y 1115 O | r ii i u my | | Tal. HOW BUILDY OSSI | YES NO | YES 🗌 | ио □ |
| NOF VITA SICIAN: TI ng physicia riol-transit | 8 | | 210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU | SE OF DEAT | " | M. MONTH D | AY YEAR | ZIL HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY I | N ITEM IS PART I OR PART | 2) |
| ON OF IYSICIA ding ph is certifi Mentol | F / | MEDICAL | (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED | | P. 21e. PLACE | | 19 | 21f. LOCATION | | | |
| ISIO PH teno teno the b | ed or | ME | WHILE NOT WHILE | | | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET | CITY OF TOWN | COUNTY | STATE |
| DIV STAFFE | ork | | AT WORK AT WORK | | | The second second | ne. | 0 6- 10 81 | 5 08-11 | 0- 1086 | |
| To los | is m | | 220.1 certify that (1) (the saw the deceased | | all office of the | e deceased from_ | 22 | | n death occurred on the date | | |
| ATT OSP! | E 5 | | obove, (I) (we) (did: |) (did nat | view the bady | after death. | 00 | | . death decerted on the date | | |
| the hort | H He | | 228. SIGNATURE | + | | ·AL | . 1 | ATTENDING | MEDICAL STAFF | 8 | 16 8 21. |
| O HOSPITAL O FUNERAL I hould be deto | MPORTANT | | ABULH | F (TYPE OR | PRINT) AN | SARLI | MD | 220 ADDRESS 892 Clinm | & woode | | वि#101 |
| 56 523 | 3 | 23a. B | URIAL, CREMATION, RESPECIFY Cremati | MOVAL | 23b DATE | 1006 00 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CUY OR TOWN | COUNTY | STALE |
| BP | - | | 100000 | | | | | | tory Suitla | | ryland |
| DHMH - 16 60A (VRA 15, | | 24 FL | NERAL DIRECTED DE | lan | e Wilh d Marv | elm Fun land | eral | Home 25a. D/ | AUG 1 8 1986 | b. REGISTRAR'S SIGN | |
| (VKA 15, | 7) | | | | - TIGHT Y | -uiiu | | | | 7 | |

Constitution and from SUBMULLY ! REPORTED THE MENT SELVE SENTERS Lough Street Treets and greet

00-17182 mind the state of Market Market Company of the Company that the skipped throwing the basis of the second

Aug. 30, 1986

Ives Pearson F.H. Arlington, Va. 22201

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

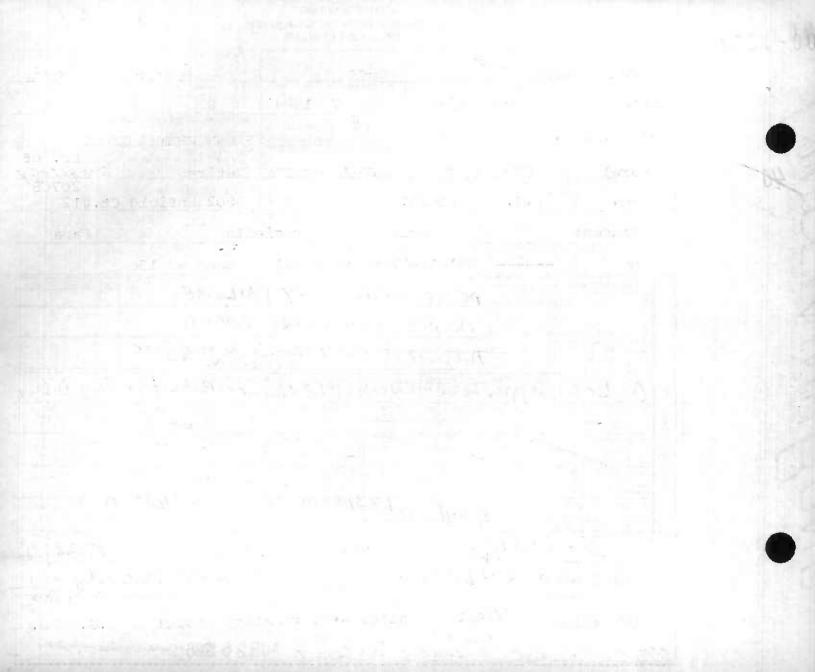
24 FUNERAL DIRECTOR

STATE OF MARYLAND

TRAR 256 REGISTRAR'S SIGNATURE ME

| | NC = VS = | | onguero. | | an onice a | | |
|----|-----------|-------------|--|-----------|-----------------|-------|--|
| | 30 30 | 1 2002 | 5 | a | | | |
| | | | 25 | | | | |
| | 12 to 201 | | | anolisia. | a file of the t | (5; ž | |
| | | | State of | ologo, fr | | | |
| | | | | | | | |
| | | odge 7 - ir | | 40 50 | | | |
| | | | Lycas | | | | |
| | 1.0 | | | | | | |
| | | | | | | | |
| 20 | | - / | 15.5 | 19.3 | | | |
| , | 1 | y Late | The Late of the La | | | | |
| | | | | 1 | | | |
| | | | | | | | |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 28 DATE OF DEATH MONTH FIRST FEYPE OR PRINTS deor Ralph Carli August 24, 1986 5:43A M 3 SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 1904 male caucasian Jan . BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Malden Mass. USA WIDOWED DIVORCED | PRINCE GEORGES COUNTY A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY Dr. OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) PSVC Hology Laure1 GREATER LAUREL BELTSVILLE HOSPITAL Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
137. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? P.G. 8802 Enfield Md. Laurel Ct.#12 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Vincent MIDDLE Graciella Carli Papa 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. IYES, NO OR UNKNOWN) HE VES GIVE WAD OR DATES 051-18-7769 Eva Carli same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and part I. DEATH WAS CAUSED BY: AS CAUSED BY:
IMMEDIATE CAUSE (0) POUTE RESPIRATOR ACONSEQUENCE OF PUMO NARY Edena. Conditions, if ony, which gove rise to immediate OATCELL BRONCHISGENIC couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INPART 110 T LEFFURDER WSe HEALECTAS TS (2) Chunic OBSTMITTINE City I NO CERTIFICAT 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOID YES [NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOLLY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET FACTORY OFFICE, FARM, ETC ! NOT WHILE 228.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an 81.2.11 and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bad after death, 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS UDAPI, MD should by 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE 8/24/86 Balto.Wash.Crematory Laurel cremation 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 theha Davidson Handelle ECK F. W. INC. (VRA 15, 4)



BP DHMH 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George R. Snowden

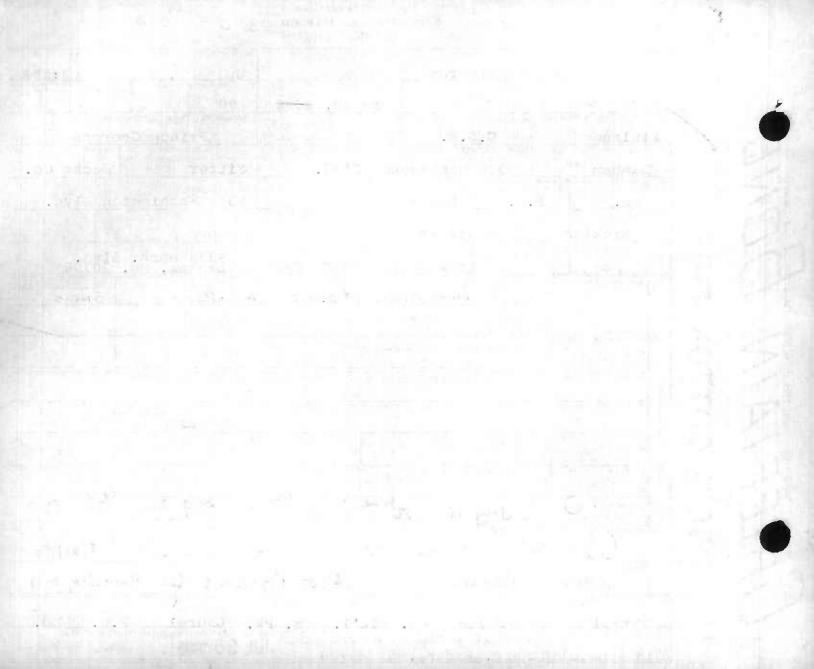
8-19-86

Lee Crematorium 246 N. Washington Rockville, MD 20850

Washington, D.C. 250 DAIF PEC'D BY RECISTRAN 256, REGISTRANS SIGNATURE

The state of the s

| | | tem, #1, | | | F. H., | | OF MARYLAND | | 2 3 | 12 | 9 |
|--|---------------|---|-------------|--|------------------------------------|-------------|---------------------------------------|------------------------|------------------|--------------|----------------------------------|
| 0 10101 | 1. | STATE 8/20/8 | 36, | Gbj. | DEPART | MENT OF H | EALTH AND MENTAL H | ACIENE O | 4 | , ,,,,, | |
| 0-13434 | LDE | REGISTRAR CEASED NAME | FIRST | MIDDL | 15 | | AST | REC | . NO. | DAY YEAR | 7b HOUR |
| 9 m f | | OR PRINT) | | | | | | | | | |
| ay be soage 3 death | 3. SE | | rin | Lind 4 RACE | ros | S. DATE C | VA PIRTH TO SE | July 2 | | FUNDER LYEAR | 8:50PM |
| ge 4 m | 3.36 | Female | | Whit | e | May | DAY YEAR | 90 | | AONIHS DAYS | HOURS MIN. |
| P. P | | RTHPLACE (STATE OR FOR | REIGN | 76 CITIZEN OF WHA | AT COUNTRY? | 8 MADDIE | NEVER MARRIED | 9 BALTIMORE CIT | Y OR COUNTY | OF DEATH | |
| de out | | inland | | U.S. | A. | WIDOWE | | | ince Ge | orges | MD. |
| Fe Fe | 10 C | ITY OR TOWN OF DEAT | Н | 11. NAME OF HOS (IF NOT IN SUCH FAC | | | ROTHER INSTITUTION | 120. USUAL OCCUI | PATION | 12b. KIND OF | F BUSINESS OR |
| af filly af | | Lanham | | 9338 W | ashin | gton | Blvd. | Fitter | | | t Co. |
| old be | . ⊌SU 13a | AL RESIDENCE (IF NURSING | 35 COUI | NTY 13c. | RESIDENCE BEFOR CITY OR TOW Lanhar | /N | 13d INSIDE CITY LIMITS? | | ss ashingt | an Pi | 2000 |
| rely the | 14. F/ | ATHER'S NAME | P | .G. | Lamilal | 11 | 15. MOTHER'S MAIDEN N | | asning | -011 51 | va. |
| MAR. | | Nicklas | | | 1man | | FIRST | Unknown | | LAST | |
| BALTIMORE Cote be executed by spicon and copers. Pages wal. | | VAS DECEASED EVER IN YES, NO OR UNKNOWN) | | MED FORCES? 16b | SOCIAL SECU | JRITY NO. | 17. INFORMANT | 9338 | Wash | Blvd. | |
| S. Po | | No | | \$7 | 9-28- | 3189 | Henry Caya | Lanh | Wash am, Md. | 2070 | 6 |
| BAL cote cote oper oper oval. | | 18 CAUSE OF DEATH | (Enter or | nly one couse per line | lor (0), (b), or | id (c) | 2 | | | | MATE INTERVAL DISET AND DEATH |
| ST., | | | | TE CAUSE (0) | ietasn | MIL | DIZERST | CANCER | | 5yee. | ws |
| PRESTON he death ce emave corb motion, ar | | ALC: SELECT | | DUE TO, OR AS | A CONSEQU | ENCE OF | | | | | |
| RES a dec ontro | 10 | Conditions, if ony, a | | (b) | | | | | | | 100 |
| W. W. P | | couse (a), stating underlying couse | the | DUE TO, OR AS | A CONSEQU | ENCE OF | | | | | |
| 201 bed b pleas pleas or o | | | - | (c) | | | | | | | |
| | Z | PARI 2 OTHER SIGNIF | FICANI | CONDITIONS CONTI | RIBUTING TO | DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE OR C | ONDITION GIVE | N IN PART 10 | 17 13 25 |
| or re | CERTIFICATION | 196 DATE OF OPERATION | ON | 19h CONDITION | N FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20h JE YES | WERE FINDING | ICS LISED |
| e low | 문 | | | | | | · · · · · · · · · · · · · · · · · · · | YES TO NOT | IN CERTIFY | YING CAUSES | OF DEATH? |
| VITAI N.: Th hysicio rconsit Hygie B.8 shp | 1 1 | 21a. ACCIDENT WAS UNDER | ILYING F | 21b. TIME OF IN | JURY | | 21c. HOW INJURY OCCU | | | | NO [|
| N OF VIII | | OR CONTRIBUTING CAL | | | MONTH D | AY YEAR | REPAINS - | | | | |
| ON OF TYSICIA ding phins certify burial-in Mentol | MEDICAL | 21d INJURY OCCURRE | | 21e. PLACE OF II | | | 211 LOCATION | | | | |
| VISION OF PHENT STREET THE STREET | ¥ | WHILE NOT WHILE | | (AT HOME, STREET, F | ACTORY, OFFICE, I | FARM, ETC) | STREET | CITY | OR TOWN | COUNTY | STATE |
| ENDIN tol or | | 220.1 certify that | his hospi | tal) attended the de | ceased Iram. | hine | 1982 | to July | 21 | 986 | that (Ne) last |
| TTEN pitol for und of His | | saw the deceased above, (I) (we) (did | alive on | - Clared 1 | death. | , or | d that in (my) (our) opinio | on death occurred on t | e date and hour | | |
| hoss hoss hed hed hed ept. | | 226. SIGNATU | 1) (Grantic | 1 (4) | deom. | | DEGREE | | | 22c. DATE S | SIGNED |
| AL O AL D letoc ute D oute D Tr. # 1 | | ()4 | po | い、人)な | > | m | ATTENDING PHYSICIAN | MEDICAL PH | TAFF SICIAN [| 1/2 | 2/10 |
| SPIT NER TAN | 1 | 224 PHYSICIAN'S NAM | AE (TYPE C | | | | 22e ADDRESS | | | | |
| TO HOSPITAL of retoined by the TO FUNERAL I should be detoin with the State E IMPORTANT: If | | ICHUP H | Y | . Boccin | + | | 14800 PH | tysicians | CN IC | scrulle | mo |
| 7 6 5 4 3 8 T | 230. | BURIAL, CREMATION, RE | MOVAL | 23b. DATE | 23c. 1 | NAME OF C | EMETERY OR CREMATOR | | | COUNTY | STATE |
| BP | | Burial | | 7/24/86 | Md | . Nat | | k Laur | el I | P.G. | Md. |
| DHMH-16 30M 2/80 | 24 FI | INERAL DIRECTOR RE | endo | on/Male I | Lanhar | Fune | eral Hour | ATE REC'D. BY REGISTI | AR 25b. REGISTR | AR'S SIGNATU | JRE |
| (VRA 15, 4) | 10. | 3 Annapol | | | | | 20706 | JUL 25 198 | D Juna D | burdson-8 | anders |



| | * | | | | 1 7 1 1 1 4 | | | MARYLAN | | | , , . | 3 () |
|-------------|--|----------------|---|--------------------------------------|---------------------------|-------------------|---------------------|------------------|-----------------|-----------------------------------|---------------------|---|
| 0.0 | 15010 | | TATE | | | | NT OF HEAL | | 344 | 1) 64 | 5 / 1 | , 0 |
| 00- | 10010 | | REGISTRAR | | MEI | | AMINER'S | | | DEATH REG. | NO. | |
| | | | EASED NAME | FIRST | | MIDDLE | | . / | stoffer | OF ESTI- | MONTH | DAY YEAR 26. HOUR |
| | 英語の表記 | | | + redere | E P | THE STATE OF | Chr | 1staffe. | 18174 | DEATH MATED | D 8-1 | 6 1986 N |
| | 是是主义 | 3. SEX | 122 | 4 RACE | 5 DATE OF BIRTH | | | JNDER I YR. | IF UNDER 24 I | | нтиом | DAY YEAR 24 HOUR |
| | - NACES | 19 | ale . | Whole | Jan. 29, | 0 | 94 YRS. | NIHS DATS | MOURS MI | DEAD | 8-11 | 1986 4 M |
| - | 23, 12 | | RTHPLACE (ST | TATE OR | 76 CITIZEN OF WE | | B. AAA | RIED NEY | /ED AA A DDIED | 9 BALTIMORE CIT | OR COUNTY | OF DEATH |
| | DASE & | 10 | Sweden | | USA | | | WED WED | DIVORCED | Prince G | eorges | AAD |
| | は 単 本 日 の 一 の 日 の 日 の 日 の 日 の 日 の 日 の 日 の 日 の | 10 CI | Y OR TOWN | OF DEATH | TI. NAME OF HOS | | | THER INSTITUT | TION 120 | USUAL OCCUPATION | | KIND OF BUSINESS |
| 7 | A PARTY OF | | wie | | 26/67 | elter of | ONL | MITTE | | FOR MOST OF WORKING LIFE) Retired | | US Gov t |
| 100 | 7 06503 | USUA 13a S1 | | (IF IN NURSING HOME O | OR OTHER INSTITUTION, GIV | 13c CITY OR | | 13d. INSIDE CIT | TY LIMITS? 130 | STREET ADDRESS | | |
| 212 | 本名語る第一 | Maj | yland | Prince | Georges | Bowie | | YES XX | NO 🗌 | STREET ADDRESS 2616 Felter | Lane | 20715 |
| 9 | THE SE 7 | 14 FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHE | R'S MAIDEN N | IAME MIDDLE | | LAST |
| 3 | 39220 | E.54 | | known | | | | | Unkr | nown | | |
| MO | WAS AND A | 16a. W | AS DECEASES | DEVER IN U.S. ARA | MED FORCES? | 16b SOCIAL | SECURITY NO. | 17. INFORM | MANT | ADDŖ | SS | |
| A P | A A GREAT | yes | | 3 | TYAN ON DATES, | 562-5 | 4-1526 | Bern | adette | C. Miller | sam | e as 13e |
| 1 | S S S S S S S S S S S S S S S S S S S | | IB CAUSE O | F DEATH (Enter onl | ly one couse per line | for (a), (b), one | (c),) | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| N S | A PAGEN | 125 | PARTIDE | ATH WAS CAUSED | D BY: | Lewop | elusho | Chedi | 2000 | rules deses | ul. | DETWEEN ONSET AND DEA(III |
| ots | NA PAGE | 100 | 1753 | | DUE TO, OR | AS A CONSEC | UENCE OF | | TEN ST | | | |
| 豐 | FURA EN | | | ns, if ony, which se to immediate | (b) | , | | | | | | |
| ×. | XAMIN XAMIN XAMIN N. OR | | cause (a) | stating the under- | | AS A CONSEC | UENCE OF | | | | | |
| 201 | SA PAN | | lying cau | ise lost. | (c) | | | | | | | |
| RECORDS | VILD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL- HEALTH AND ME AL, CREMATION, O | | PART 2 OTHER SI | GNIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED T | D THE TERMINAL DISI | ASE OR CONDITION | GIVEN IN PART 1 | (g1, | | |
| 8 | AS AS AS CREY | CERTIFICATION | | 280 2 F 5 | | 50.73 | | | | | | |
| | A HE AL | CAI | 19a. DATE OF | OPERATION | 196 CONDIT | ION FOR WHI | CH OPERATION | WAS PERFORA | MED? | | C-44 E-53 | 20 AUTOPSY? |
| VITAL | X S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | E | 100 | | | | | | | AND THE PARTY | 2150 | YES NO P |
| Ö | A DANG TEN | 8 | 210 EXTERNA | L CAUSE WAS | 2 Th. TIME OF HOUR A.M | MONTH DA | Y YEAR 21c. | HOW INJURY | OCCURRED (| ENTER NATURE OF INJURY IN ITEM | 18 PART 1 OR PART 2 | è) |
| O | SE S | CAL | CONTRIBUTI | NG CAUSE OF | DEATH P.M | | 19 | | | | | |
| DIVISION OF | 3 SF | MEDICAL | 21d INJURY C | OCCURRED | STREET FACT | ORY, FARM, ETC.) | HOME, 211 | OCATION | 1. T. N | CITY OR TOWN | COUN | TY STATE |
| ٥ | WRI WRI AAGE ATE | 1 | AT WORK | NOT WHILE C | | | | | | | _ | araik. |
| | 11/2 10 | | | | e of the remain des | cribed obove. H | eld on Aut | орѕу 🔲, | Inspection | Inquiry . | and in my opin | ian |
| | EXAMINER: CERTIFICATE ULD BE FOR UNITH THE ! | | death results | | ral couses | Accident _ | . Suicide | , Hamici | | Indetermined monner |]. | |
| | ERTI ERTI MITE | | usta II. | 1 | 1100 | 7 | See 210 | - | PECIFY) | | | 6.1 |
| | A PER COLOR | | SIGNATURE | Hugus | 10 Y-15 | sugu | 4 | m Dobert | ly. | MEDICAL EXAMINED | DATE | 8-17-26 |
| | OSEA STATE | | -0.23111111111111111111111111111111111111 | 11 | od. | / | 0 | 1 | 101 | - A A | SIGNED. | · 50 0 |
| | TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOULD BE FOR TUNERAL DIRECTO AFTER DEATH WITH ITH BALTIMORE, MARYLAN | | EXAMINER'S (TYPE OR PRI | Total | 1 / Sacri | 6492 | MID | _AD 3.9 | / Cay M | conct. (nsp | 2. 1016 | es. Mo |
| | 5X45A4 | 23a.Bl | JRIAL, CREMA | TION, REMOVAL 2 | 3b. DATE | 23c. NAM | E OF CEMETERY | OR CREMATO | ORY 2 | 36 LOCATION | COUNTY | STATE |
| 07/84 | BP | | Cremat | | Aug. 18 14 | 986 Met | ropolite | an Crem | atory | Alexandria, | Virgin | ia |
| 25M | DHMH - 17 | 24 FL | NERAL DIREC | TOR A | 2000 | 00 Anna | polis Re | oad 2 | So. DATE REC | | GISTRAR'S SIG | |
| | (VR A15 ME (5)) | Bea | all Fun | eral Home | e / Bow | ie, Mar | yland | 785 | 400 | 20 1900 Jun | Three Lates | |
| | | | | | | | | | | | | |

Jun. 29, 18921 ph

orgroup contribution of the contribution of th

Eryland Frince Georges Boyic unt 2516 Februar Land 25/15

Interioran Uniterioran

The state of the s

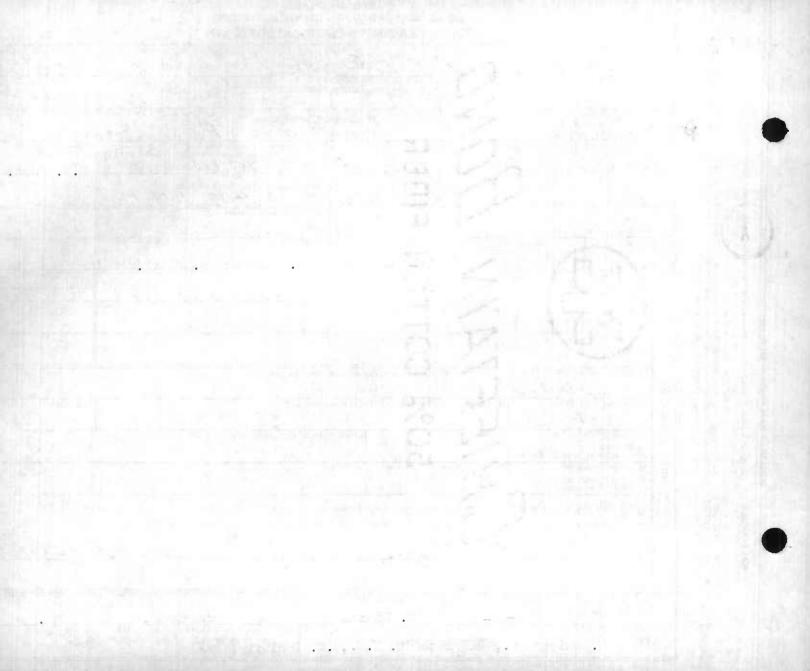
gs-sh-lgs5 Bermadoote O. Miller seed as lgs-

Laborate Color Color Color Color

drimetion Aug. 10 1986 Metropolium Crametery Alexandria, Virginia

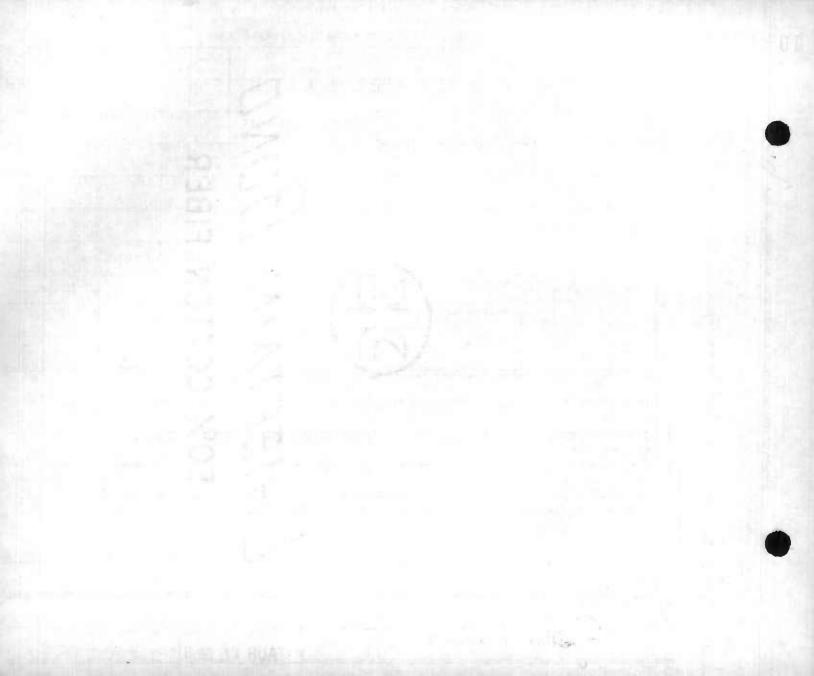
Ducil Lumpher Boris, Maryland

| YEAR 125 HOLER |
|-----------------------|
| Side of the same |
| lieus les |
| |
| TEAR 78 HOUR |
| 19 DY 0N |
| YEAR 24 HOUR |
| 0-1934 |
| 19 88 Jan |
| DEATH |
| Am |
| GOV MD |
| IND OF BUSINESS |
| |
| I.S. Govt. |
| -06666 |
| E77177 |
| |
| LAST |
| |
| |
| 10 |
| me as 13e |
| IWEEN ONSET AND DEATH |
| |
| |
| |
| Charles and the |
| |
| |
| |
| |
| |
| AUTOPSY? |
| YES NO NO |
| 10,00 |
| |
| |
| |
| STATE |
| |
| |
| |
| |
| |
| |
| 8231986 |
| 323,1986 |
| 323,1986 |
| 323/988 |
| \$2-3,19.68 STATE |
| |
| STATE Md. |
| Md. |
| |



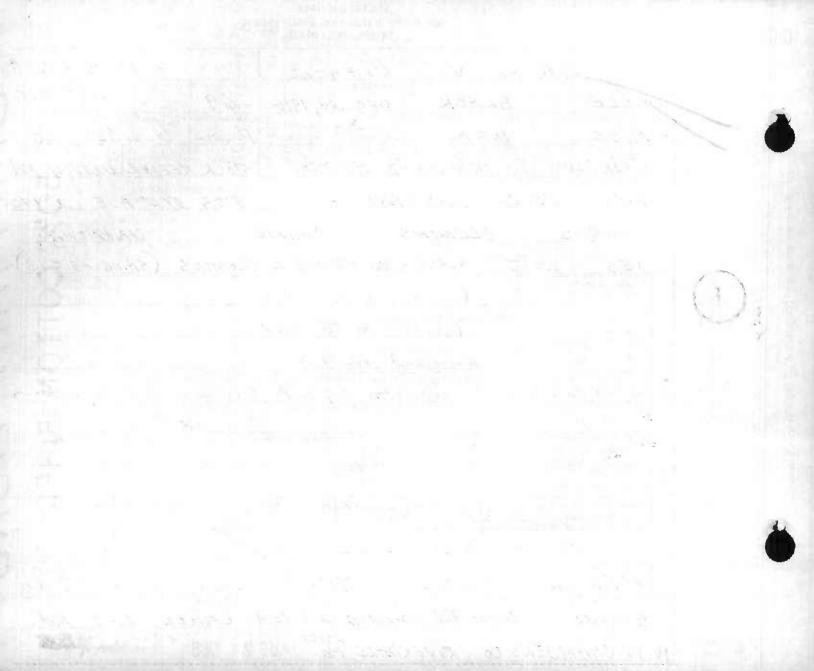
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0-15649 REGISTRAR REG NO I. DECEASED NAME 20 DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) ESTI-Cathie DEATH MATED Lynn Clements 19 86 5 FOR YOUR FILES 4 RACE & AGE (IN YEARS | IF UNDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 20yes Black Mar. 5,1966 Female DEAD 19 86 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED X FOREIGN COUNTRY Wash., USA D.C. WIDOWED | DIVORCED Prince George's County, MD 18 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY (JENOT IN SUCH FACILITY GIVE STREET ADDRESS) Student Clinton Southern Maryland Hospita USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 113h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS NO [11705 Mordente Drive P.G. Clinton Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST SIDST Carter Clements Lottie Charles 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS AL-TRANSIT PERMIT. PAGES I Mrs. Lottie Clements-mother-11705 Mordente Drive, Clinton, Maryland (YES, NO, OR UNKNOWN) LUE YES GIVE WAR OR DATES 6002 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OF HEALTH CERTIFICATION INER: THIS CERTIFICATE CONTROL FEIGHT. WRITING THE WORD. "PEIN, E FORWARDED TO THE CHIEF ME.

CTOR: PAGE 3 SHOULD BE USED AS CTOR TO BURIAL, CTOR 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 UNDERLYING FOR HOUR A.M. MONTH DAY TEAK CONTRIBUTING CAUSE OF DEATH 11:15PM 8/6/ 1986 driver of auto, lost control, hit fixed object HOUR A.M. MONTH DAY YEAR 214 INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) wet roadway Temple Hills Rd Clinton. Pr. Geo. Co., EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE STA Autopsy X 220 I certify that I took charge of the remains described above, held on ond in my apinian death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/7/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY Suitland, Maryland 11,1986 Cedar Hill Cemetery 07/B4 BP Buria 25M 24 FUNERAL DIRECT 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1. solowantill **DHMH - 17** " more emplication - Alexandrian (VR A15 ME (5)) Fuderal Home-4001 Benning Road, N. EALG Stewart

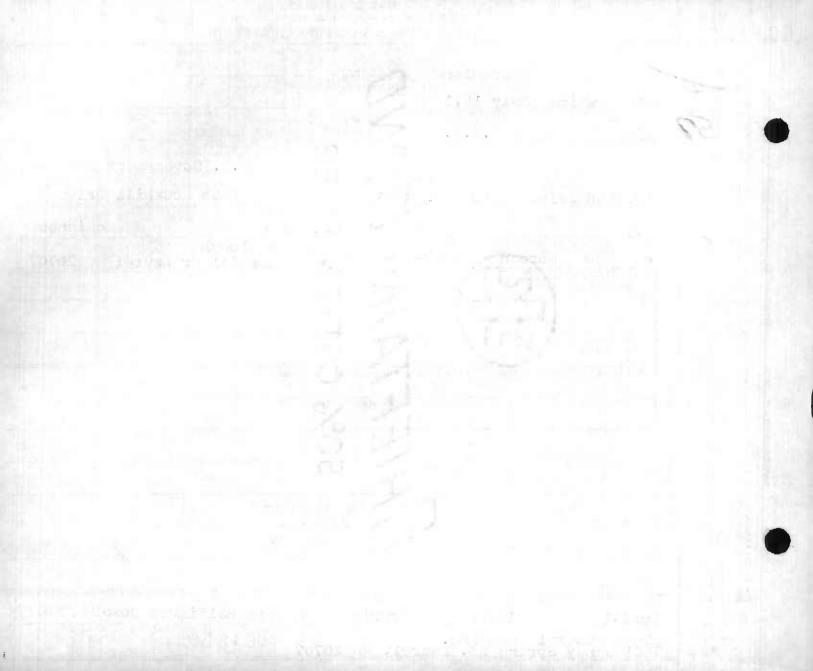


250. DATE REC'D. BY REGISTRAR 266. REGISTRAR'S

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN TTYPE OR PRINTI DEATH MATED CLOUGH 8-12-8619 reeland 4 RACE AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d HOUR DIRECT MONTH LAST BIRTHDAY) PRONOUNCED July 15,1930 56 YRS 8-12-8619 6:16p white AT IS NECESSAR 3. RETAIN PAGE 5 FOR YOU 2. SHOULD BE FILE! Male TO BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Prince George's Maine O CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) U.S. Government 6608 McCahill Drive Devense Laure. USUAL RESIDENCE (IF IN NURSING HOME OR OT 13d INSIDE CITY LIMITS? 113e STREET ADDRESS 6608 McCahill Drive Laurel Prince George 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF WIT McKinnon MIDDLE Clough Minnie JRS AL FORM F Fay 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Everyn Clough ADDRESS Korean 007-28-0886 Yes McCahill Dr Laurel Md 20707 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A I CERTIFICATION USED AS MER: 11...
FORWARDED TO THE CORONARDED TO THE CORONARDED TO THE CORONARDED TO THE CORONARDED FOR PROPERTY OF HEAL OF THE STATE DEPARTMENT OF HEAL OF THE CORONARD TO BURIAL, CI 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FOR UNDERLYING MEDICAL self/inflicted CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 6608 McCahill Drive Laurel, Maryland home X 228. I certify that I took charge of the remains described above, held an Autopsy and in my apinion X Hamicide L Undetermined manner Assistant DATE 8-13-86 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION MDATE Meadowridge Mem Park Baltimore Howard Burial 07/84 BP 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2584 24 FUNERAL DIRECTOR **DHMH** - 17 Freck Funeral Home Tnc. (VR A15 ME (5)) Sandy Spring Rd. Laurel.



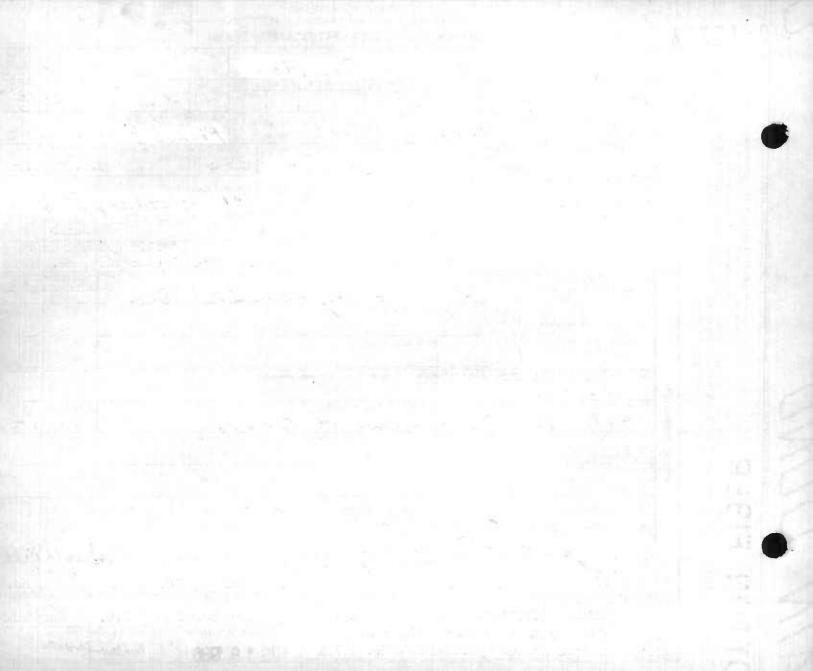
| | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 3 / 3 5 | |
|--|---|-----|
| 0-16602 | - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. | |
| | DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR | _ |
| noy be poge 3 | ALICE M. COLBERT 8-21-86 7.00 | 3/1 |
| e 4 mo) ctor, po s ofter d | SEX S. DATE OF BIRTH MONTH DAY YEAR 10 - 11 - 06 79 WONTHS DAYS HOURS MI | _ |
| y & die | MRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH | |
| don't 72 | Wash., DC. WIDOWED XX DNORCED Prince George | ND. |
| os ofter o | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CINTER 120. USUAL OCCUPATION (IVPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IVPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | R |
| A be in d be | UAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS | 7 |
| 24 24 fille should | Washington, D.C. YES□ NO□ 2420 16th Street, S.E. | |
| ond 2 s | FATHER'S NAME George F. Gordon 15. MOTHER'S MAIDEN NAME Christine Marshall | |
| Thorron on one con one | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 177. INFORMANT 9003 Hewlett Drive-Fort 176. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 32: 0223 Florine Lee-daughter-Washington, Md | |
| 5, 201 W. PRESTON ST., BAI ires that the death certificate gned by the attending physici in please remove carbanpapes burial, cremation, or removal. iry, ar other traumatic event, th | 18. CAUSE OF DEATH LEnter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: DUE TO, ORAS A CONSEQUENCE OF Underlying couse lost. DUE TO RAS A CONSEQUENCE OF Underlying couse lost. DUE TO RAS A CONSEQUENCE OF Underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT PEATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO | |
| L RECORD In low requestions to be permit. The permit of t | 190, DATE OF OPERATION 190, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 121. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 121. TIME OF INJURY | - |
| N OF VITAL SICIAN: The ng physiciote h intol-transit gentol Hygier item 18 show | OR CONTRIBUTION CONTRIBUTION OF DEATH I HOUR A.M. MONTH DAY YEAR I | 1 |
| VISION (G PHYSK offending er the burie the burie ked or the | CIFE EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK | |
| TTENDA Final or of Health | 27a I certify that (I) (this hospital) attended the deceased from | ost |
| AL OR A ME OR A LOSE CONTROL OR DEST. | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 86 |
| O HOSPITA PROUNDED by TO FUNES TO FUNES | R. Mostaan 220 ADDRESS 4235 28th Avenue-Temple Hills, Md. | |
| 099999 | Burial, CREMATION, SCHOOLA THE DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY Landow, Specific Round Park Maryland Burial Park Maryland | ar, |
| 0HMH - 16 50M 4/82 (VRA 15, 4) | Stewart Funeral Director Rd., NE. 28 1980 | i. |

alton St. Hyattsvill-

ieaven Cemetri

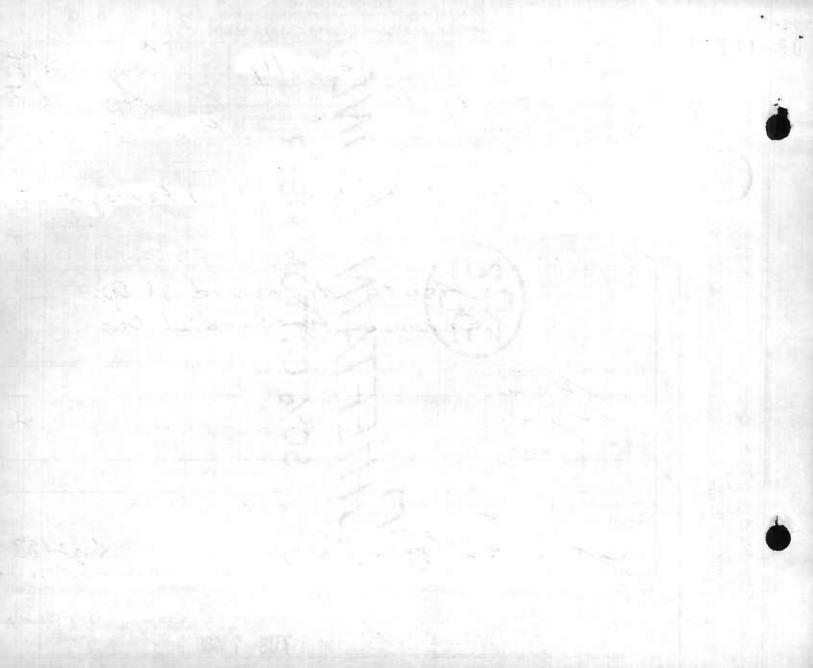
SAM !

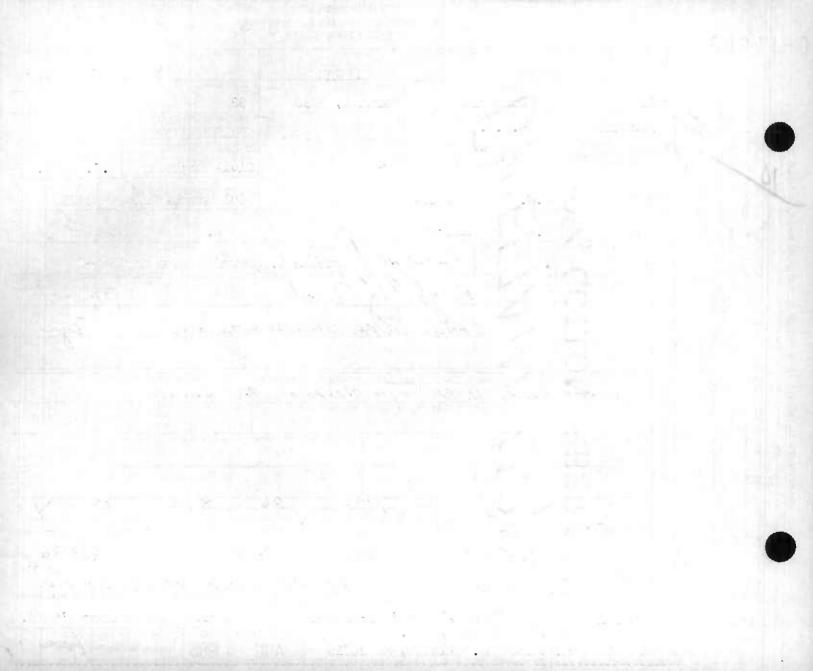
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Louise Bowles | Compton DEATH MATED 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YK. IF UNDER 24 HRS DATE LAST BIRTHDAY) Female Black. 1915 IN CHIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A Virginia Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 WIND OF BUSINESS clerk 4410 Oglethorpe Street, #701 Hyattsville U.S. Govt. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION AND REMINISHED BEFORE ADMISSION) Hyattsville 138. INSIDE CITY LIMITS? 139. STREET ADDRESS VESTON NO 1 4410 Oglethorpe Street, #701 Maryland 4. FATHER'S NAME D MOTHER'S MAIDEN NAME MUDDLE Major Smith Georgia Bowles 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADD 206 Johnson Court 579-01-8852 Nadine Dorsey (Niece) Glenarden, Md. 20706 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE USE OF SHOULD BE USE SHOULD BE US HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Natural causes Homicide L Undetermined manner TITLE (SPECIFY) John S. Rogers, M.D. 1919 Seminary Rd. Silver Spring, Md. ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Fort Lincoln Cemetery 08/16/86 Burial Brentwood P.G. Maryland BP_ Francis Gasch's Sons Funeral Home, P.A. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 Willia Maindon (VR A15 ME (5)) 20M 4/82



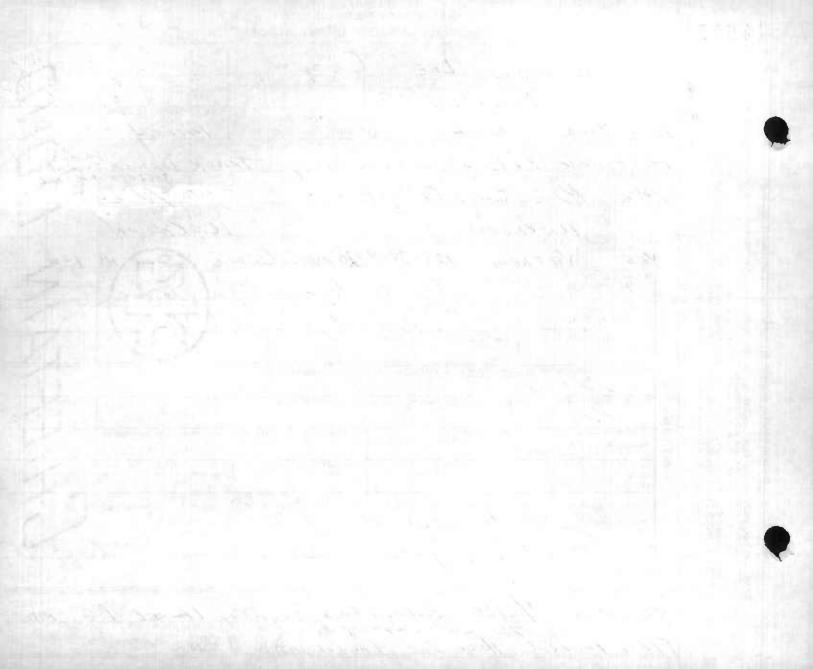
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME OR DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Connolly Robert. Marcus DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. IT UNDER 14 HRS 4 RACE DATE PRONOUNCED Male White June 17, 1923 63 DEAD H. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Prince George's County IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KINDY OF BUSINESS Post Master Leland Memorial Hospital Riverdale Office USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113d. INSIDE CITY EIMITS? Maryland 3619 Farragut Street 20782 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Theresa John Connolly Schuck 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Yes-Navy 206-16-0470 Victoria M. Connolly (Wife) Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OF TOWN COUNTY STATE 22e. I certify that I taak charge of the remains described obove, held on death resulted from: Natural causes Accident TITLE (SPECIFY) TO FUNERAL C AFTER DEATH, BALTIMORE, M ACTUAL SIGNATUR John S. Rogers 1919 Seminary Road Silver Spring, Md EXAMMER'S NAME TYPE OR PRINT 30 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 08/05/86 Gate of Heaven Cemetery Silver Spring Montgomery 07/84 Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. **DHMH - 17** Julia Davidson-1 (VR A15 ME (5))

STATE OF MARYLAND





| | | | 5 | TATE OF MARYLAND | |
|--|----------|---|--|--|---|
| 20 11 | 11. | FOR STATE | | OF HEALTH AND MENTAL HYGIENE | 23/40 |
| 00-14645 | 143 | REGISTRAR | MEDICAL EXAM | INER'S CERTIFICATE OF DEATH | REG NO. |
| | 1.0 | ECEASED NAME FIRST | WIDDLE | LAST Ze DA | TE KNOWN DONNIH DAY YEAR 126 HOUR |
| | | HAE DE MENT! | | | E ESTI- 2 111/2 |
| PLEASE ECTOR. R FILES HOURS STREET. | / | Han | nis LEE | 0000 | TH MATED 1986 AM |
| 第 0至支援 | 1. SI | X 4.RACE | MONTH DAY YEAR LAST BIE | N YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. D. | ATE MONTH DAY YEAR 24 HOUR |
| X E Z E Z | A | M W | | MIN. I ROLL | DUNCED A . 183 TOPE 195 |
| \$2555 | 12/ | BIRTHPLACE (STATI) OF | 76 CITIZEN OF WHAT COUNTRY? | | TIMORE CITY OR COUNTY OF DEATH |
| ● 数据单量数 4 | 13 | FOREIGN COUNTRY | THE CHILLIAN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | TIMORE CITY OR COOK! FOR DEATH |
| 22 x 3 x 10 | XX/ | VEW YORK | USA | WIDOWED DIVORCED | mines bookgar MD. |
| SAME. | 1 | CITY OF TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HO | | CUPATION (TYPE OF WORK 126 KIND OF BUSINESS |
| AFREN/ | 3 | 12:00/1/2/2 | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE | SS) FOR MOST OF | 11 MESSUGE |
| 25 2 46 - | 151 | IA) RESIDENCE HEINNURSING HOME | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA | MESCANIA TENE | DRIJER SUENT CORP. |
| P 58530 | 13a. | STATE, JUNCOUN | ITY TISE CITY OR TOW | N / 13d INSIDE CITY LIMITS? 13e STREET AD | |
| # 3章430 | 1 | ind Kyin | au Goodan Colley | A YES & NO 1 4900 1 | Niagara Rd. # /40 |
| 9 No.73 | ALL | FATHER'S NAME | | 15. MOTHER'S MAIDEN NAME | |
| W 2000 27 | 4 | FIRST | MIDDLE LAST | FIRST | MIDDLE |
| 8 88868 | 144 | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | IRITY NO. 17 INFORMANT | UKNOWA |
| ₹ BYSNS | | (YES, NO, OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | | ADDKESS |
| BALI BES AF WITH PAG DIVISION | / | YES VIET | NAM 128-38 | -8780 MARIA COOPER | SAME HS 13E |
| # 50 M | | TB CAUSE OF DEATH (Enter on | ily ane cause per line far (a), (b), and (c).) | | APPROXIMATE INTERVAL |
| TA DAY | | PART I DEATH WAS CAUSED | D BY: | / // | BETWEEN ONSET AND DEATH |
| A SECRET | | IMMEDIA | IL CMOSE (0) | | |
| ATAMA BE | | Canditians, if any, which | DUE TO, OR AS A CONSEQUEN | LE OF | 17 |
| R FEBRER R | | gave rise to immediate | | nichlyo czydial | UIS. |
| S AND S S | | cause (a) stating the under- | DUE TO, OR AS A CONSEQUEN | CE OF | |
| E EZNANZ | | lying cause last. | | | |
| 8 815 F S S | | BART 2 OTHER SIGNISICANT CONDITIONS | CONTRIBUTION TO BE ATU BUT NOT OF LATER TO ANG | TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d). | |
| MA A B CAG | Z | TART 2 OTHER SIGNATIONS | CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | JERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d). | |
| SAN MEN E | PICATION | / lon | (2) | | |
| 2 35 POLY | 13 | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH O | PERATION WAS PERFORMED? | 20 AUTOPSY? |
| ₹ 58±20° | 4 5 | 1/Vor | Ra | | YES O NO DE |
| # ENWOOD | CERT | 21a EXTERNAL CAUSE WAS | 216. TIME OF INJURY | 214. HOW INJURY OCCURRED (ENTER NATURE O | |
| ON OF THE WATTO THE WATTO | | UNDERLYING OR | HOUR A.M. MONTH DAY Y | EAR | |
| | / 2 | CONTRIBUTING CAUSE OF I | | | |
| A SAN SAN | MEDICAL | WHILE SHOT WHILE S | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) | | R TOWN COUNTY STATE |
| SHCARA D | 1 | AT WORK AT WORK | | | 55000 |
| E ST | | | | | |
| ■259EZ | | A SHOULD | ge of the remains described above, held a | n Autopsy Inspection Inqu | piry L., and in my apinion |
| ■ 製 産品の主き | | death resulted fram: Natur | ral causes . Accident . | Suicide, Homicide Undetermined | manner, |
| AN SECTION | | | 3/3/ | TITLE (SPECIFY) | |
| 7#03E | 1 | ACTUAL SIGNATURE | 7 11 Casser | M.D. Dero' MEDICALE | DATE JUNE 3 1994 |
| 5 年中華交易 | 6 | | | - Medicate | SIGNED 1 |
| TAN STAN | 4 | EXAMINER'S NAME (TYPE OR PRINT) | -2 | | |
| A COACO | - 03 | | | ADDRESS | |
| F-W-2-F-4.00 | | BURIAL, CREMATION, REMOVAL 2 | 135 NAME OF | CEMETERY OR CREMATORY 23d LOCATIO | COUNTY STATE |
| 07/84 BP | | 2EMATION | 16/84 BALTIM | ORD WASH. ("REMATORY I | AUREL P.G. MD. |
| 25M DHMH - 17 | 24 | FUNERAL DIRECTOR | 7601 SANDY S | pring Rd 250. DATE REC'D. BY REGIS | TRAR 256 REGISTRAR'S SIGNATURE |
| (VR A15 ME (5)) | 1 | LECK FUNEER | I Home Too | LAUREL MAUG 7.198 | 6 Julia Davidson-Mandelle |
| | K | THE THE CH | C 11011/12 118 (| LAUREC, MILIOU J | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI RALPH. 8/2/86 CORRADO 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 10 Male Caucasian 1930 Nov. TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED U.S.A. Pennsylvania PRINCE GERRGES COUNTY WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Principal of School P.G. County CLINION SOUTHERN MARYLAND HOSPITAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Prince George Ft. Washington YES 9505 Jacqueline Drive 13d INSIDE CITY LIMITS? Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank MIDDLE Corrado MIDDLE Minnie Lovett 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 9505 Jacqueline Dr. (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) Doreen G. Corrado Ft. Washington, Md. 196-22-1151 Korea Yes APPROXIMATE INTERVAL BETWEEN ONSET AND BEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY. Bacterial Meningitu DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 71e. PLACE OF IN IURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) touch opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ._ / MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 8926 Woodyard Rd. Clinton, Md. Venkat Mani. M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8/5/86 Resurrection Cemetery Clinton P.G. Maryland ADELLO OXON Hill Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 George P. Kalas Funeral Home Fulia Davidson-Mandales Oxon Hill. Md. (VRA 15, 4)

- I was a section of Someth . G. Com ed without the second s J+ 110 Acute Bacterial Hemmelia 30 days Rand Janline 38 12/38 36/2/2 86 Sector Nicen HD 22/5/8 The second of th • • • finite . . . mornill years of machineration 350%. Intend on it is early by e tron iii, a.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

SPNDV

laurel, mi

23¢ NAME OF CEMETERY OR CREMATORY Resthaven Cemetery

Harrisonburgcounty Rockingham

7h HOUR

12:50AM

Ins.

Co.

20737

Walker

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

13e

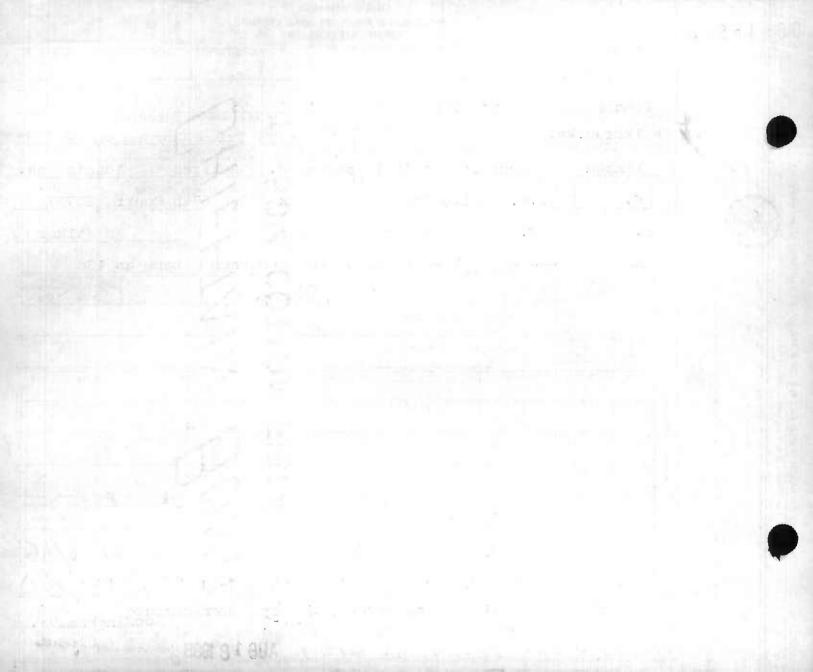
IF LINDER 24 HRS

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

grown without the date

COUNTY

220 DATE SIGNED



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21120 TO FUNERAL DIRECTOR: After should be detached for with the State Dept. of H

BP.

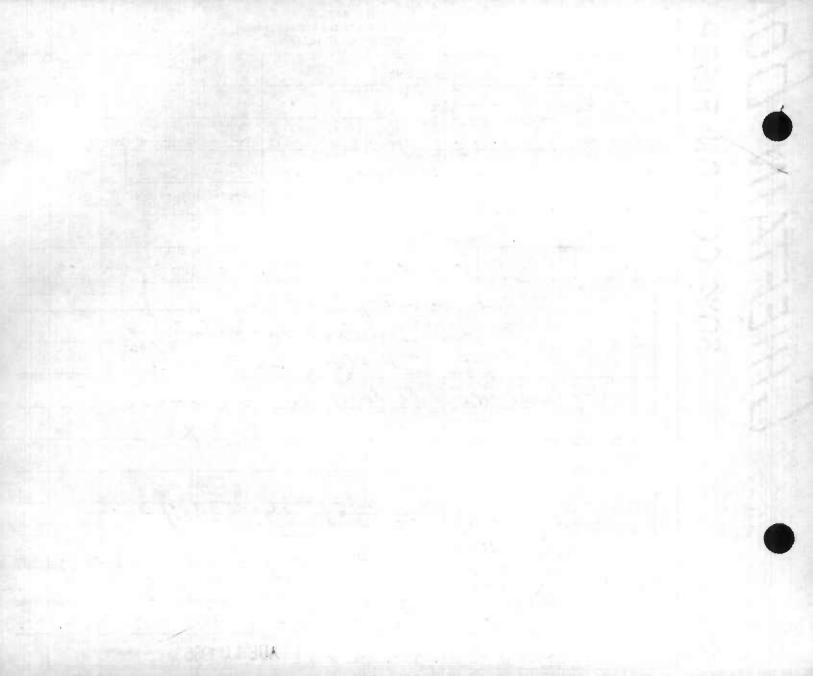
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND FOR
- STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

| - 6 | | | | REG. NO. | |
|-----|---|---|-----------------------------|---|--|
| 1 | 1. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| 1 | (TYPE OR PRINT) Bertha | a M Croth | ners | August 09 | ,1986 2:30P M |
| ı | 3. SEX | 4 RACE | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 1 | / emale | Caucasian | ~5" 29 "I | | MONTHS DATS HOURS MIN. |
| đ | To BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | * MARRIED NEVER MARRIE | 9 BALTIMORE CITY OR COUN | TY OF DEATH |
| 7 | Maryland | U.S.A. | WIDOWED TO DIVORCE | Prince Georges | |
| A | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTIO | IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126 KIND OF BUSINESS OR |
| 1 | Laurel | Greater Laurel | Beltsville Hosp | Transaction | Home |
| 1 | ISUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFOR | | ITS? 13e STREET ADDRESS / ZIP CO | DE 20707 |
| 4 | Md. P. | George Laure | YES NO | x 9565 Whiskey | Bottom Road |
| A | FATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAID | EN NAME MIDDLE | |
| | Thomas | J. Brook | is Ber | | rueller |
| T | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | URITY NO. 17 INFORMANT | ADDRESS | |
| | (YES, NO OR UNKNOWN) (IF YES GIV | 213-07 | -1576 William | J. Crothers Sa | me as #13 |
| ı | 18 CAUSE OF DEATH (Enter on | ly ane cause per line far tal, (b), ar | ndicia - 4/ | 1 | BETWEEN CHOET AND DEATH |
| ı | PART I. DEATH WAS CAUSE | E CAUSE (0) Respire | atory tall | ure | W 100 100 100 100 100 100 100 100 100 10 |
| | IMMEDIAI | But 10 co as a fourteen | success of the | 1+ 4 | 1 |
| 1 | Canditions, if any, which | Wrincens | Trislelling Lu | ing entelligate an | d |
| 1 | gave rise to immediate cause (a), stating the | 1 | | OU Seps | W. |
| 1 | underlying cause lost | TO STORES | al Alshein | new Disease | |
| 1 | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO TH | E TERMINAL DISEASE OR CONDITION G | IVEN IN PART 1 (a) |
| | 2 Varia | se wins & | essema Co | no tracture | |
| 7 | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | HOPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF Y | ES, WERE FINDINGS USED |
| - | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | TIFYING CAUSES OF DEATH? YES NO |
| 1 | 210. ACCIDENT WAS UNDERLYING | | 216 HOW INJURY C | OCCURRED (ENTER NATURE OF INJURY IN ITEM I | PART (OR PART 2) |
| | OR CONTRIBUTING CAUSE OF DEA | | 19 | | |
| 1 | 214 INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| 1 | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY OFFICE. | FARM ETC) | 4 | STATE |
| 1 | | tal) attended the decrased from | 7/6/19 | 86 to 8/9/ | , 19 6 , that (II (we) last |
| 1 | saw the deceased alive an above, (I) (we) (did) (did no | 8/9/ 19 S | 56 and that in (my) (our) o | pinian death accurred an the date and he | 0 |
| 1 | 226. SIGNATURE | 1 Maria Day only decim | DEGREE | | 224. DATE SIGNED |
| 1 | sudu(1 | Volgeen | MA ATTEND | | 8/10/86 |
| 1 | 27d PHYSICIAN'S NAME (TYPE O | R PRINT | 22e ADDRESS 3 | IKA FART ME | ADE (Rd) |
| | HBDUL N | IAXEEM. | LA | URFL MID | 20700 |
| 1 | 230 BURIAL, CREMATION, REMOVAL | 23b. DATE / 23c. | NAME OF CEMETERY OR CREMA | TORY 23d LOCATION | |
| | (SPECIFY Cremation | 08-10-86 S | Security Proce | ess Catonsvil | le Balto. Md. |
| 1 | 24 FUNERAL DIRECTOR | | | So DATE REC'D BY REGISTRAR 256 REGI | STRAR'S SIGNATURE |
| | Cremation Soc | iety of Md. I | nv. Balto Md | AUG. 1 2 1986 Julia | Navidoon-Mandalle |



| | | | | | STATE OF MARYLAND | | 2 4 4 |
|-----------------|---|---------------|--|--|----------------------------------|---|--|
| | | 1. | FOR STATE | | TOF HEALTH AND MENTAL HYG | HENE 2 3 | 1 4 4 |
| 1111- | 15391 | | REGISTRAR | CE | ERTIFICATE OF DEATH | REG. NO. | |
| | 10001 | | EASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 25 HOUR |
| | poge 3 | 1107 | ACVIN | CURT | 21 | 08 | 05 86 5:00 RA |
| | a do | 3 SEX | 4 RAC | E 5. E | DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHOAY) | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Poge 4 | 1 | ALE U | hite = | SUNE 23 1914 | 72 | MONTHS DAYS HOURS MIN. |
| | a 18 19 | | PUNTRY) • • | IZEN OF WHAT COUNTRY? | ARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COU | NTY OF DEATH |
| | de 92 | V | IRGINIA I | USA IWI | DOWED DIVORCED | PRINCE | GEORGES MD. |
| - 6 | a offer | 10. CI | YOR TOWN OF DEATH | AME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE STREET ADDRE | OME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) ENGLINEER. | NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY |
| 0 212 | non in the | JSU/ 13e S | L RESIDENCE (IF NURS | NSTITUTION, GIVE RESIDENCE BEFORE ADMI | | 13. STREET ADDRESS / ZIP C | |
| AN | 22 | | ID PCAINE | Rt DUNKIR | YES NO D | RT2 BOX 96 | |
| AR Y | with die | 170 | HER'S NAME FIRST MIDDLE | C , LAST C | 15 MOTHER'S MAIDEN NA/ | WIDDLE | LAST |
| , W | De | 11 | LVIN I. | CUKTIS SI | R PEARI | OTHA | DWANEY |
| ORE | n ond o Poges | | AS DECEASED EVER IN U.S. ARMED FO S. NO OR UNKNOWN) (IF YES, GIVE WAR O | | A | ADDRESS | 12 |
| TI | P. P. Pe | | NO | D10-02-71 | WIREINIA D. | Curtis Sam | |
| ST., BAI | rhificote n physic on pope emovol. | | 18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY, IMMEDIATE CAU | | ic arrest | - | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 20 | or rootic | | DI | UE TO, OR AS A CONSEQUENCE | OF NI | 0 1 | |
| EST | otion, o | | Conditions, if ony, which | (b) Vascula | 2 insaffica | 45 of Lanes | 3+ |
| 1 W. PR | by the ose remo | | gove rise to immediate couse (a), stating the underlying couse lost | UE TO, OR AS A CONSEQUENCE | Proude, Ame | wryse of | object |
| 5, 20 | gned gned burio burio | 7 | PART 2 OTHER SIGNIFICANT CONDI | TIONS CONTRIBUTING TO DEAT | H BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONSTION | GIVEN IN PART 110 V |
| ORO | requents to the single or to y injury | ě | Slaves 97. | cors fort | asechon of | Al done | dorte Anergie |
| RECORD | low low | CERTIFICATION | 90 DATE OF OPERATION 19 | CONDITION FOR WHICH OPE | | 20a AUTOPSY? 20b. II | FYES, WERE FINDINGS USED OF THE PROPERTY OF TH |
| AL. | icion, it The sicion, site ho nsit por shew | RT | | Emerge | | YES NO | YES NO NO |
| > | T F F F F F F F F F F F F F F F F F F F | | | b. TIME OF INJURY HOUR A.M. MONTH DAY | YEAR HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM | 1 16 PART 1 OR PART 2) |
| 0 Z | PHYSICIA nding p his certif busicial d Mento | ICA | [IF EITHER, NOTIFY MEDICAL EXAMINER] | P.M. | 19 | | |
| DIVISION OF VIT | ond ked | MEDICAL | | PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FARM, E | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ۵ | ENDING of or of OR: Aft ruse os Heolth is morl | | 220.1 certify that (I) (this haspital) att | ended the deceased from | 8 7 3 19 86 | 10 8-5 | . 19 8 , that (I) (we) lost |
| | 2 9 5 7 5 7 7 | | saw the deceased alive on obove, (1) (we) (did) (did not) view | 8 - 5 19 8 le | ond that in (my) (aur) opinion o | death accurred on the date and | hour and from the causes stated |
| | OR A DIREC Oched Dept. | | 226. SIGNATURE | n | DEGREE | | 77c. DATE SIGNED |
| | | | RAI SAMTAN | 10 | ATTENDING PHYSICIAN F | MEDICAL STAFF DIRECTOR PHYSICIAN | 18-6-86 |
| | SPIT d by NER, De d | | THE PHEMETAN'S NAME THE PERSON | (7) | 22e ADDRESS | , | der: |
| | TO HOSPITAL reformed by the TO FUNERAL should be detributed by with the Stote | | (1/Y/V) | | MA. WAFY | HMD 39. | 21-filtrara |
| | 5 a 5 4 3 | 23a. B | RIAL CREMATION REMOVAL VIA | | OF CEMETERY OR CREMATORY | 73d LOCATION | 55.770 |
| | BP | T | SURTAL AU | 19 9 7 1986 Sow | herd Memorial | DUNKIEK CA | allert m D STATE |
| | DHMH - 16 60M 7/84 | | VERAL DIRECTOR | 9 | 25a. DAT | E REC'D. BY REGISTRAR 256 RE | SISPARIA SIGNAPARA SISPARISIS |
| | (VRA 15, 4) | Ra | sch Fun. Home. Box | 45. Owings. MD 2 | 0736 AL | 10 13 1000 Am | |

And the second of the second o A CONTRACTOR OF THE PROPERTY O THE PROPERTY AND A SECOND OF THE PARTY OF TH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2g. DATE OF DEATH 2h HOUR TYPE OR PRINTE Hedwig Dabrowski 13, 1986 August 1:00AM 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Jan. 1970 hemale. white 76 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Germany USA Prince George's WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR housewife NOUSTRY NOMO Laurel Greater Laurel Beltsville Hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STREET ADDRESS, ZIP COHOLIDAY Mobile Estates 20794 XHONEXCOUNTY AA 13d. INSIDE CITY LIMITS? Maryland Jessup NO P YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Koniecznu unknown 17000 George Washington Dr 16h SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST Edward Langer 110 26 892 Rockville, Md 20853 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (gt, (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO, OR AS A CONSCOUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting Carcinomatos underlying couse BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSE OF DEATH? 28a AUTOPSY? 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body ofter death. DEGREE 22 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I 22e ADDRESS burial DOTSEU COUNTYMaryland 1986 Meadowridge Mem Park Aug 15 24 FUNERAL DIRECTOR 25p. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Donaldson Funeral Home P.A. Läurel, Maryland (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

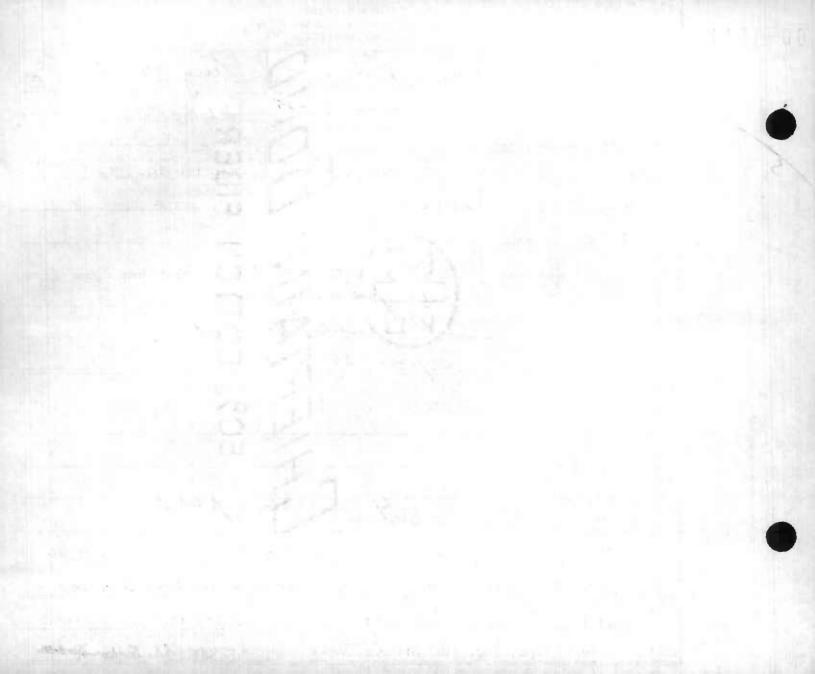
| 2.3 | - | 3 | 4 | - |
|-----------|---|---|-------|---|
| 2 | 3 | 1 | call. | 1 |
| (Contract | - | | | |

| REGISTRAR | | | CEKTIFI | CATE OF DEATH | | REG. NO |). | | | | |
|--|--|--|------------|----------------------------|---------|---|---------------------|-----------------|--------------------|--|--|
| 1 DECEASED NAME FIRST | - | AIDDLE | LA | 51 | 1 | 0. DATE OF DEATH | MONTH D | AY YEAR | 2b HOUR | | |
| (TYPE OR PRINT) | 1A 1 | MARIE | DAI | FFIN | | aug | 14 | 1986 | 5:50 AM | | |
| 1. SEX | 4 RACE | | 5. DATE OF | | 6 | AGE (IN YEARS LAS AIRT | | FUNDER I YEAR | IF UNDER 24 HRS | | |
| FEMALE | WH | ITE | , ONTH | 17 25 | | 61 | YRS. | DNIHS DATS | HOURS MIN. | | |
| PO BIRTHPLACE STATE OR FOREIGN | 16. CITIZEN OF | WHAT COUNTRY? | MARRIED | NEVER MARRIED | 0 9 | BALTIMORE CITY O | R COUNTY | OF DEATH | | | |
| Maryland | U.S.A | | WIDOWED | | | Prince Geo | | | MD. | | |
| 10 CITY OR TOWN OF DEATH | | HOSPITAL, NURSING HEACILITY, GIVE STREET AD | | R OTHER INSTITUTION | | 20 USUAL OCCUPATION OF WORK FOR MOST OF | ON WORKING LIFE! | 126 KIND C | Seaboard | | |
| Laurel | | r Laurel N | | ng Home | | Janatorial | Eng. | Stee | | | |
| AL RESIDENCE (IF NURSING STATE | | 13c. CITY OR TOWN | | 134 INSIDE CITY LIMITS | 5? | 3e.STREET ADDRESS / | ZIP CODE | | | | |
| Maryland | | Baltimore | | YES NO | | 215 S. Mon | roe St | reet | 21223 | | |
| 4 FATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | INAME | MIDDLE | | LA | 51 | | |
| Shirley | S. | Howard | - | Louise | 2 | | | Frey | | | |
| 160 WAS DECEASED EVER IN U.S. AF | RMED FORCES? | 166 SOCIAL SECURI | ITY NO. | 17 INFORMANT | | ADDRE | SS | | | | |
| NO NO | VE WAR OR DATES! | 219-14-03 | 301 | Jenny L. F | arr | ier 720 Ca | mp Mea | d Dr. | 21090 | | |
| 18 CAUSE OF DEATH (Enter of | nly one couse per | line for (a), (t) and a | 0 1 | 1 | | 4 | | BETWEEN | ONSET AND DEATH | | |
| PART I. DEATH WAS CAUSE | TE CAUSE (o) | Caraco | - p | unnay | a | ned | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| Conditions, if ony, which | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | | |
| gove rise to immediate | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| underlying couse lost. | (6) | | ses | 20 41 | 1 | 13.560.11 | | The same | | | |
| PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO DE | ATH BUT N | NOT RELATED TO THE T | TERMIN | IAL DISEASE OR CONE | ITION GIVE | N IN PART 1 | 0 | | |
| Z | | | | | | | | | | | |
| 190 DATE OF OPERATION | 196 COND | TION FOR WHICH O | PERATION | WAS PERFORMED | | 200 AUTOPSY? | | WERE FINDI | | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | ALC: N | | | | | YES NO | YES | | OF DEATH? | | |
| 210. ACCIDENT WAS UNDERLYING | 216. TIME O | FINJURY M. MONTH DAY | YEAR | 21c. HOW INJURY OCC | CURRE | D (ENTER NATURE OF INJUR | T IN ITEM 18 PA | RT OR PART 2) | | | |
| OR CONTRIBUTING CAUSE OF DE | | | 19 | | | | | | | | |
| CIFEITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | 21e. PLACE | | | 211 LOCATION | | CITY OF LOY | A/b.i | COUNTY | STATE | | |
| RK NOT WHILE | (AT HOME, STR | PEET, FACTORY, OFFICE FAR | IM ETC) | STREET CITY OR TOWN COUNTY | | | | | STATE | | |
| 22a.1 certify that (I) (this hosp | ital) offended th | | .4 | 19_0 | 16 | . to Mese | 1.1 | 9, | that (I) (we) lost | | |
| sow the deceased alive or above, (1) (we) (did) (did no | 1 <u> </u> | ofter death 19 & | Conc | d that in (my) (our) opin | nion de | oth occurred on the do | te and hour | ond from the | couses stoted | | |
| 22b. SIGNATURE | J view me body | offer deoin. | D | EGREE | | | | 22c DATE | SIGNED | | |
| 1.11 | 11/1 | 1 | | ATTENDING | IG N | MEDICAL STAF | | 18/1 | 4/16 | | |
| 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | - 1 | | 22e ADDRESS | 9823 | Zinecton E Titroic | | | 7.70 | | |
| LUIS A | CASA | Is my | | 14201 Cauc | 1/1 | McDr. #221 6 | aures | Wel 20 | 707 | | |
| 230 BURIAL, CREMATION, REMOVAL | 123b. DATE | 123c NA | ME OF CE | METERY OR CREMATO | | 1234 LOCATION | | | | | |
| Burial | 8/16/ | | | ille Vet. C | | Crownsvi | 11e A. | A. Mar | cyland | | |

DHMH - 16 60M 7/84 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AUG 1 5 1986 didia Buildon Anders



FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIVORCED

NO [

FIRST

Bessie

REG. NO 26 HOUR 20. DATE OF DEATH -19-86 3.15A IF UNDER 21 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** PRINCE GEORGE 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Natl. Press Superintendent Bldg. 13e.STREET ADDRESS / ZIP CODE 4803 Edmonston Rd. 20781 15. MOTHER'S MAIDEN NAME MIDDLE Polly Ellen Address Same as Mrs. Oma Dale No#13. APPROXIMATE INTERVAL 20c AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that is (my) (aur) opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN P661 23d. LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

0

Burial 24 FUNERAL DIRECTOR

236. BURIAL, CREMATION, REMOVAL

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

8-21-86

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

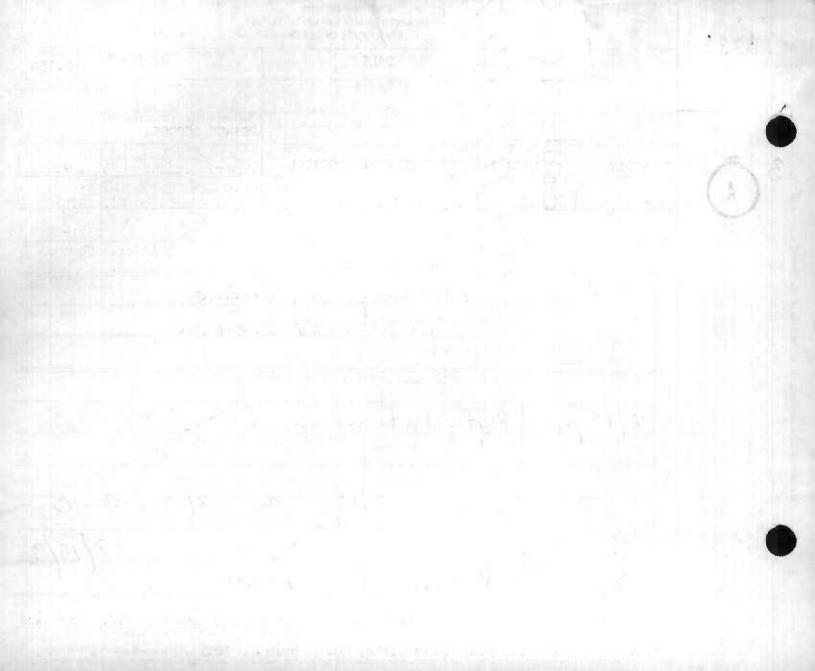
STREET

CITY OF TOWN

Brentwood

P.G. Maryland 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

wer where the time



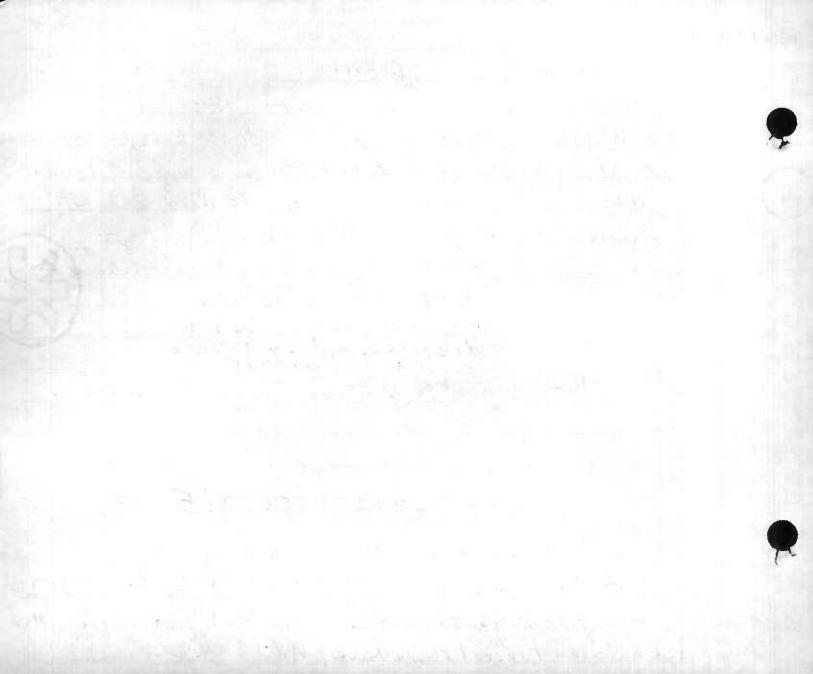
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME TYPE OR PRINTI Rachel DAVTT.A August 29, 1986 5:05AM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 16 Hispanic MEMONTH 1990 56 BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Puerto Rico IIS WIDOWED Prince George's County DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR Doctors Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham clerk private USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Prince George 13a. STATE Greenbelt 8009 Mandan Rd. #103 20770 13d. INSIDE CITY LIMITS? I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elijah Nogueras Alejahura Delapriedza 160: WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT INTE NO OR UNKNOWN HE YES, GIVE WAR OR DATEST 082-22-9823 Norma Davila same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic).1
PART I, DEATH WAS CAUSED BY: ENCEPHALOPATHY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARREST Canditians, if any, which gave rise to immediate cause (a), stating the MYOCARDIAL INFARCTURA underlying cause last. ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ULMONAR 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [71m ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an___ and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be with the Server MPORTA 32 ANNAPOLIS RO#9 APENSRURG 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burtonsville KKKKAKKAK Md Burial 9/2/86 Union Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4400 Powder Donald V. Borgwardt Beltsville 20705 DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

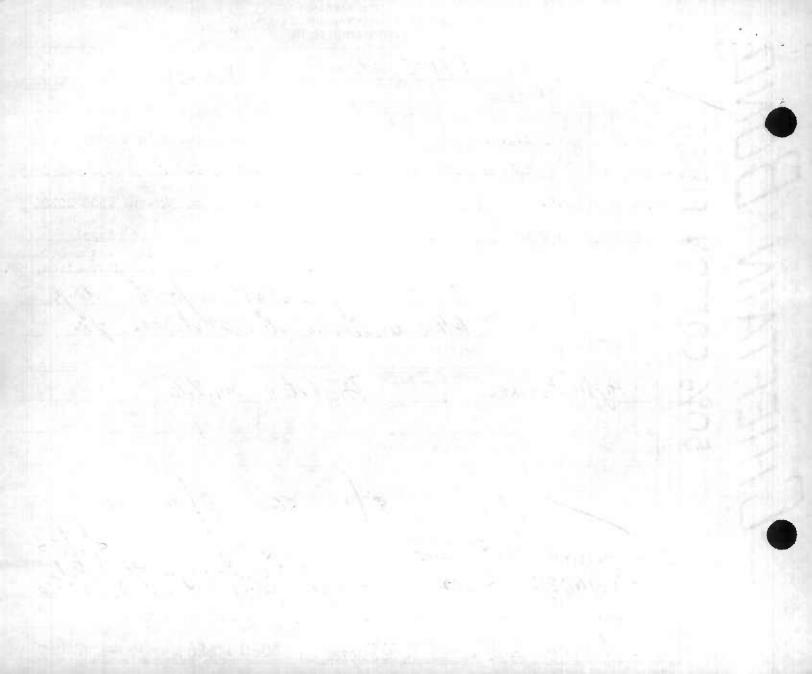
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR 20. DATE OF DEATH MONTH I. DECEASED NAME HENRY DPATLEY LTYPE OR PRINTE 86 IF UNDER I YEAR 2 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 2 LARS Caucasian Male March 9. 1928 58 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED USA Washington.DC DIVORCED 0 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INTON Auditor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 a STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Charles Maryland 910 Flower Ct. 20601 NO X 15. MOTHER'S MAIDEN NAME FATHER'S NAME DeAtlev FIRSHelen Mitchell Russell ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST -Same@as #13-577-32-6018 Kay DeAtley 18. CAUSE OF DEATH (Enter only one couse per line for to), 1b), and to. PART I. DEATH WAS CAUSED BY RDIOPULMONARY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF LITE MYD CARDIAL INFARCTION Conditions, if any, which gove rise to immediate couse lo), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ARDIAC ARRHYTHMIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 VASION OF VITAL RECORDS, HEST PAIN 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED gua 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21a PLACE OF INJURY 711. LOCATION COUNTY STATE CITY OR TOWN STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that the (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL DIRECTOR PHYSICIAN PHYSICIAN | 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should be with the S 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL Waldorf, Charles, Md STATE St. Peter's Cem 8/8/86 Burial BP. Box 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Funeral Home Waldorf, Md 20601 (VRA 15, 4)

the same than the same of the Extraction and the second PORTS AT . #35 company of the same of the the state of the s The service of the se THE CONTRACTOR OF PERSONS ASSESSED FOR A STANKING AND A STANKING ASSESSED. the state of the s

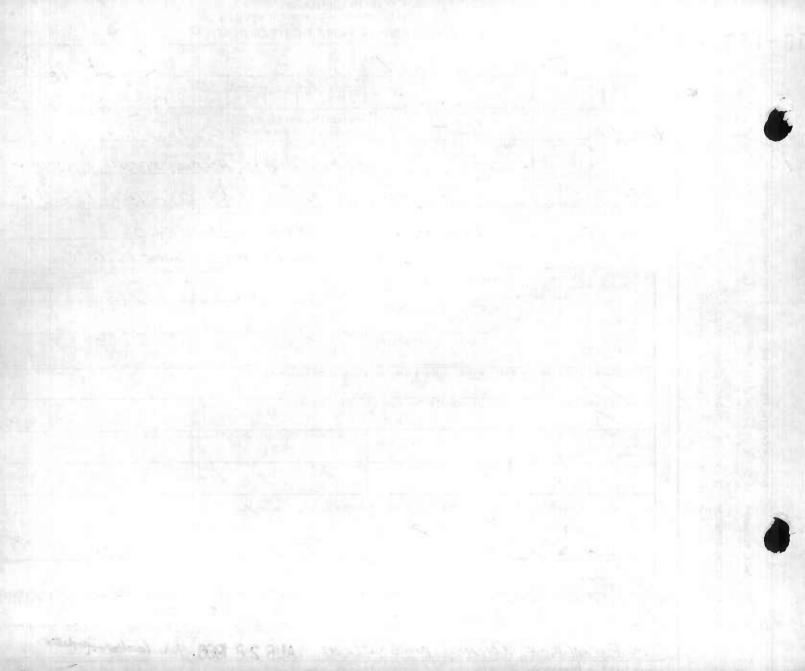
| | | | | STATE OF MARYLAND | | |
|---|---------------|---|--|---|--|---|
| A-15887 | 1 - | FOR STATE REGISTRAR | DEPA | RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | GIENE 8 6 | 23/50 |
| # 7.4 | | CEASED NAME DELLI | A C | DEAVER | 2a DATE OF DEATH MONTH | 05 86 715 AM |
| ge 4 moy ector, pog es after de | 1.5E) | | 4 RACE White | 5. DATE OF BIRTH MONTH DAY VEAR 1789 | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. |
| 9 47 | The BI | ATHER CE, (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTE | | Prince Ge | LONGLES CO. MD. |
| 24 | 10 CI | AUTEL AUTEL | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Greater Lau | | 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK HOUSE U1: | IZE KIND OF BUSINESS OR INDUSTRY |
| () IS | USU/ | AL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION GIVE RESIDENCE BE | FORE ADMISSION) DWN 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP | 70107 |
| 1/10 | 14 64 | James | MODILE JOY LAST | 15. MOTHER'S MAIDEN NA | ME MIGHT LICE | het LAST |
| IMORE, in execution of any control o | | VAS DECEASED EVER IN U.S. AR | d 00 0 | 12 670 4 1 - 2 - La | mes Douve | in Colonial Boach |
| T, BALT physicio opoper morel, went, the | | PART L DEATH WAS CAUSE | nly one couse per line (2) ot. (b). (0 BY TE CAUSE (o). | piratory Fa | iluso | BETWEEN CHEST AND DEATH VA |
| STON S therefore we corbo on, or re complete | | Conditions, if any, which | | ELENCE OF LE NOTIC. | heast | |
| by the o | | gave rise to immediate cause (a. stating the underlying couse lost. | DUE TO DE DE CONSE | waspe and Ly | mg stive | |
| RDS, 20 | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | DEATH BUT NOT RELATED TO THE TENA | AINAL DISEASE OR CONSTITION | NOVEN IN PART 1/0 |
| M. RECO | CERTIFICATION | HE DATE OF OPERATION | 19. CONDITION FOR WH | CH OPERATION WAS PERFORMED | | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? VES \(\begin{array}{c} \text{NO} \\ \text{T} \end{array} |
| OF VITA | DIES SIII | SITE ACCIDENT MAS IN-DIRECTING [| ALM HOUR A.M. MONTH | DAY YEAR | RED (INTERNATURE OF PAURY PAIR | IN 18 FAST LOS FAST (I) |
| DIVISION Offer the so on the burn of the sed Mer | MEDICAL | THE INJURY OCCURRED | 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI | THE LOCATION STREET | CITY OIL TOWN | COUNTY STATE |
| TENDS OF TENDS OF THE STATE OF | | saw the deceased alive on | ital) attended the deceased fra | 9/11 | 6_, to 8 0 | d have and from the causes stated |
| At DIRECTOR A DIRECTOR DESCRIPTION OF A DIRECTOR OF A DESCRIPTION OF A DIRECTOR OF A D | 200 | 22b. SIGNATORE | died u. | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN [| 224 DATE SIGNED |
| D HOSPITAL Tooliest by the Co PUNERAL Hobbid by the The Sould by the The Sould by the The Sould by the Sould by the The Sould by the So | | 22d PHYSICIAN'S NAME (TYPE OF | heel, m | 22e ADDRESS | est fox Lu | |
| 2 | 23a E | LINIAL, CREMATION, REMOVAL SPECIFY) Lema Flon | 1236 DATE AUG 6 1984 | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CONTRACTOR CONTRACTO | HONS WILLS STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 XI | INERAL DIRECTOR, NAME ONAL SON | Fulleral Agord | me Laurel My | TE REC D. BY REGISTRAR 256. R | EGISTRAR'S SIGNATURE |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n. DATE OF DEATH DECEASED NAME 2h HOUR 05 deLaRue Marie Anne IF UNDER I YEAR 5. DATE OF BIRTH 6. AGE IN YEAR LAST BIRTHDAY RACE White January 25, 1910 Female 76 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRYS U.S.A. WIDOWED Prince George's County Germany 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Riverdale Leland Memorial Hospital Supply Tech. Dept. of Army USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13e STATE Avenue #502 20784 P.G. Hvattsville 5805 42nd Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Kessler Sybille Peter Paul Appel ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 6411 Kaslo Street (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 578-44-7413 Ruth A. Fekete (Daughter) New Carrollton, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for A PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUFTO OR AS A CONSEQUENCE OF underlying couse lost INDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE MERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION noren 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TIME N COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETG I NOT WHILE 22a L certify that (I) (the nospital) attended the deceased from and that in Imy (our) opinion death accurred on eased alive or obover (1) (we) (did) (did not) v DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTON PHYSICIAN 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial STATE Washington, D.C. 08/07/86 Glenwood Cemetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frankeis Gasch's Sons Funeral Home, P.A. DHMH - 16 60M 7/84 Gulia Davidson Handalle 4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)



| | | 1 | STATE OF MARYLAND |
|--|--|---------------|--|
| | | 1- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE |
| 00 1 | 0001 | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAN |
| 00-1 | 0024 | | CEACED NAME 5007 MODE |
| | 60 × 700 × | (TYP | PE OR PRINT) OF ESTI- |
| | 公司の出来 | | USCOL (NAN) De/masto DEATH MATED Aug 25 1995 PM |
| | PLEA RECTO STREE | 3 SE) | A TRACE S. DATE OF BIRTH SATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MANNES DAYS HOURS I MIN PRONOUNCED |
| 300 | PURE DIRECTOR SON STATE | | W De 1026 59 YRS. AND MIN PRONCONCED AUG. 24 19 54 PM |
| 115 | 37-35// | 7a. B1 | IRTHPLACE ISTATEOR 1/2 CITIZEN OF WHAT COUNTDY? |
| | 品意の目標っ人 | FO | MARRIED NEVER MARRIED AND NEVER MARRIED |
| | 地方 | I/Y | EW YORKED DIVORCED DI |
| 18 | PAGE PAGE | IV. CI | ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORK) FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) |
| 10 | Z DEF POE | 1 4 | -sure 1 franter/ sure Be Hoville Has pAdministrator BANKING |
| - | DE ZOO | | AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) |
| 28 | 39578 | 13a S | TATE 136 COUNTY 136 CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS |
| N | 4 4 4 4 4 | | 100 VIZTOWON YES NO 1 189 DISTINGER |
| N W | 1/52221/ | 14. E/ | ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST |
| 22 | 200237 | 1 4 | AWRENCE DELMASTO MARIA MARESCO |
| Q | 00570 | 16a. V | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS |
| BALTIN | URS AFTER 8. GIVE PA WITH FOR TI. PAGES DIVISION | (A | (IF YES, GIVE WAR OR DATES) 078-20-5394 ANNA DELMASTO SAME AS 13E |
| M | JRS AFT B. GIVE WITH F DIVISIO | | |
| | 20°E ¥ | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| S | 24 HOU LONG LONG PERMI GIENE, | | PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACH TEMPO CONTACT TO CONTACT AND DEATH OF THE PARTIDEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH |
| 9 | AZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | DUE TO, OR AS A CONSEQUENCE OF |
| ES | EWC ENCEN | | Conditions, if ony, which |
| ā. | Z A A A A A A A A A A A A A A A A A A A | | gave rise to immediate (b) (b) (C) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d |
| > | UTED WITHI IN PENCIL EXAMINER RIAL - TRANS D MENTAL HOON, OR REA | | couse (a) stating the under- lying couse last. DUE TO, OR AS A CONSEQUENCE OF |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | | | (c) |
| DS | D BE EXECTED BE EXECUTED BE EX | - | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) |
| Ö | D BE EXE ENDING MEDICAL AS A BU SAITH AN CREMAT | Z | |
| 2 | HEAL CHEAL | CERTIFICATION | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? |
| ¥ | | 2 | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? |
| E S | WORD WORD HE CHIE ENT OF | | YES NO BY |
| 7 | CERTIFICATE SHO SITING THE WORD DED TO THE CHIE E 3 SHOULD BE US E PEPARTMENT OF THE CHIE THE | 8 | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| Z | IIFICA TO THE HOULE HOULE IOR TO | 1 | O'CERTINO DOK |
| S | CERTIFICATE WITING THE WOED TO THE SAHOULD BEPARTMEN | 18 | 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION |
| <u> </u> | HIS CERTIF WRITING ARDED TO AGE 3 SHC ATE DEPAR | MEDICAL | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| 0 | SAROES | | AT WORK AT WORK |
| | | | 22a Certify that took charge of the remains described above, held an Autapsy . Inspection Inquiry . and in my opinion |
| | TOR: | | |
| | 4 年 四 四 七 三 | | death resulted fram. Natural causes Accident , Suicide , Homicide Undetermined manner , |
| | A WIND CHER | | ACTUAL (SPECIFY) DATES 25/98 |
| | AHOAE" - | 1 / | ACTUAL SIGNATURE |
| | ORANGE STATE | / | |
| | TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BAHTIMORE, | | EXAMPLET'S NAME (TYPE OR PRINT)ADDRESS |
| | TO ME EXECUTE TO FU | 72a DI | The state of the s |
| Cal | 1(1/1/1 | 130.0 | CLIV OR TOWN |
| 1 09/84 | BP 77 | | FURIAL 18/38/86 WOODBEINGE MEMO. GREDENS WOODBUNGE WOODBEINGE |
| Kows | DHMH - 17 | 24 FI | UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | (VR A15 ME (5)) | F | NAME FUNERAL HOME TOOL SANDY SPRING ROLLANDE AUG 28 1988 githe Burdon Andres |
| | | | THE PARTY OF THE P |



TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 havis other retained by the hospital or otherding physician.

DHMH - 16 60 (VRA 15,

4 moy be

| 1. | | | | TATE OF MARYLAND | | 60 | mg 2 | |
|--------------------|--|--|---|--|---|---|---|-------------------------------|
| 1 | FOR - STATE REGISTRAR | | | OF HEALTH AND MENTAL HY | 0 0 | 2 | 5 / | 5 0 |
| 1. DE | CEASED NAME FIRST | MIDE | DIE | LAST | REG. NO | | AY YEAR | 7b HOUR |
| [TYP | E OR PRINT) | ary A. | Devle | etian | Anone | st 21, | 1006 | 1:00 |
| 3 SE | | 4 RACE | | ATE OF BIRTH | 6. AGE (IN YEARS LAST BIR | | F UNDER I YEAR | |
| | Male | White | Jä | an. 25, 1902° | 84 | YRS. | ONTHS: DAYS | HOURS |
| 1 | Turkey | U.S.A. | MAI | RRIED NEVER MARRIED OWED DIVORCED | Prince Geo | _ | OF DEATH | |
| Ri | verdale | Leland I | Memorial H | -ospital | 12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF Cabinet Mark | WORKING LIFE) | 126 KIND O INDUSTRY Self- | of Business employ |
| 13a | | ont. | ROCKVILLE | 13d. INSIDE CITY LIMITS? YES \ NO \ \ | 13. STREET ADDRESS / | ZP CODE | ike | 20852 |
| | ATHER'S NAME FIRST Artin | MIDDLE | Devletian | 15. MOTHER'S MAIDEN NA | WE | | Anmê | kian |
| 1 | MAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (1F YES, C | | 5.77-28-5909 | | ishian 502 | | amore | Rd. MI |
| | CAUSE OF DEATH (Enter | anly one cause per line | e lor (a), (b), and (c) | | | | APPROD | KIMATE INTERVA |
| NOU | | TI 400 SI 401 TI GI 400 T | RIBUTING TO DEATH | BUT NOT BELATED TO THE TERM | AINIAI DISEASE OD CONI | ITION GIVE | N IN PART 1 | |
| FICAT | PART 2 OTHER SIGNIFICANT | | | ATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, | WERE FINDI | INGS USED |
| FICAT | | 196. CONDITIO | ON FOR WHICH OPERA | ATION WAS PERFORMED | 20a AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FIND! | INGS USED |
| CAL CERTIFICAT | 190 DATE OF OPERATION | 19b. CONDITIO | ON FOR WHICH OPERA NJURY MONTH DAY YE | ATION WAS PERFORMED | 20a AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FIND! | INGS USED S OF DEATH |
| FICAT | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d_INJURY OCCURRED | 196. CONDITIO | ON FOR WHICH OPERA JURY MONTH DAY YE | 216 HOW INJURY OCCUR | 20a AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FIND! | INGS USED S OF DEATH' |
| CAL CERTIFICAT | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDIC ALEXAMIN 21d INJURY OCCURRED HILE NOT WHILE AT WORK 270.1 certify that (1) (this has sow the deceased alive of | 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF IAT HOME STREET. | NJURY MONTH DAY YE INJURY FACTORY OFFICE FARM ETC | 216 HOW INJURY OCCUR | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR | 20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PAR | WERE FIND! ING CAUSE: COUNTY | INGS USED S OF DEATH NO STAIL |
| CAL CERTIFICAT | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED HILE NOT WHILE 210.1 certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did r 22b Sign Alyre | 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF IAI HOME STREET. Spitol) attended the diagonal view the body ofte | NJURY MONTH DAY YE INJURY FACTORY, OFFICE, FARM ETC ecceosed from | 216. HOW INJURY OCCUR 211 LOCATION SIREET 211 LOCATION Ond that in (my) (our) opinion DEGREE | 70a AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death accurred on the do | 20b. IF YES, IN CERTIFY YES YIN ITEM 18 PAR | WERE FINDI ING CAUSES COUNTY COUNTY 27. DATE | INGS USED S OF DEATH NO [] |
| CAL CERTIFICAT | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this has sow the deceosed alive obove, (I) (we) (did) (did of obove, (I) (we) (did) (did | 21b. TIME OF INHOUR A.M. P.M. 21e PLACE OF IAI HOME STREET. Spital attended the department of the body of the body of the company of the body of the company of the body of the body of the company of the body o | NJURY MONTH DAY YE INJURY FACTORY, OFFICE, FARM, ETC ecceosed from er deoth. | 211 LOCATION 211 LOCATION 211 LOCATION 211 LOCATION 212 ATTENDING 224 ADDRESS | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR | 20b. IF YES, IN CERTIFY YES YIN ITEM 18 PAR YIN ITEM 18 PAR THE OND HOUSE | WERE FINDING CAUSES COUNTY COUNTY COUNTY COUNTY COUNTY | that (I) (we causes state |
| MEDICAL CERTIFICAT | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DO CHE THERE NOT WHILE AT WORK 210. I Certify that (1) (this has, sow the deceased alive a obove, (1) (we) (did) (did recorded to the control of the cont | 21b. TIME OF INHOUR A.M. P.M. 21e PLACE OF INHOME STREET Spitol) attended the depondent view the body often ECRAPRINT) STREET AL 23b DATE 8/27/86 | NJURY MONTH DAY YE INJURY FACTORY, OFFICE, FARM ETC ecceosed from er deoth. 19 Landover, M. 23c NAME C. Ft. I | 216 HOW INJURY OCCUR 19 211 LOCATION SIREET 210 LOCATION SIREET 211 LOCATION SIREET 212 ADDRESS ACTION DE CEMETERY OR CREMATORY Lincoln Cem. | 20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOX deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC | 20b. IF YES, IN CERTIFY YES YIN ITEM 18 PAR THE OND HOUSE | COUNTY WERE FINDING CAUSES COUNTY COUNTY MD 2 | stal |

Dayof and The William & Wallet Constitution of the consti The second of th The second state of the second

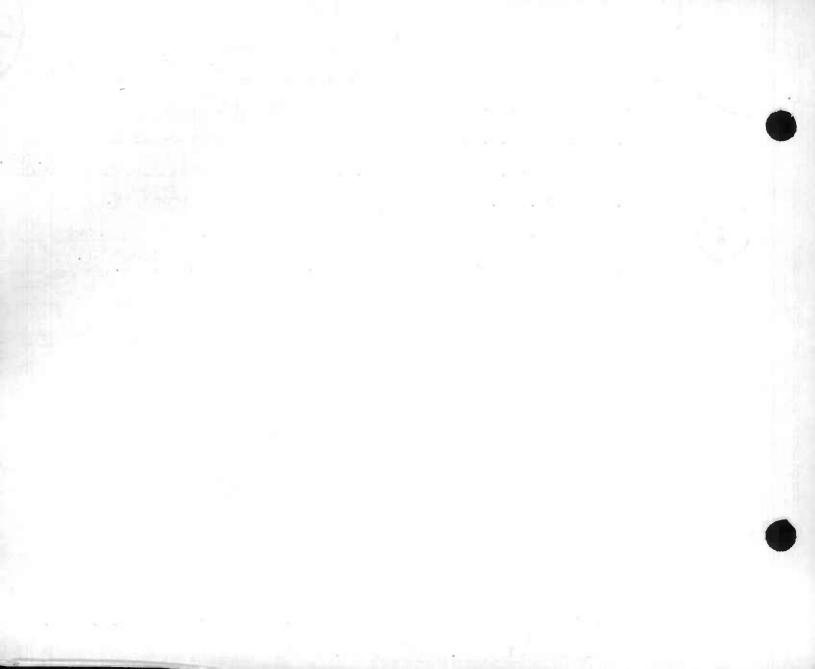
| | | | | | | SIAI | E UF MAKTLAND | | | | | - sale |
|---|-----------|--|--------------------------|------------------|-----------------------------------|----------------|--------------------------------|-------------|--|----------------------------|----------------|-------------------------------------|
| 00-17068 | 1 | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MENT | | NES O REG. NO. | 2 3 | 1 | ا ا |
| o o per second | | CEASED NAME E OR PRINT) | FIRST | | WIDDLE | | AST Dickinson | on 2 | | ONTH DA | 0 | 26. HOUR // |
| a b b | 3. SE | Х | | 4 RACE | | 5. DATE O | | | AGE (IN YEARS LAST BIRTH | | UNDER I YEAR | IF UNDER 24 HRS |
| 2 20 0 | M | ale | | Caucas. | ian | July | 23, 1895 | YEAR | 91 | YRS | INTHS DATS | HOURS MIN. |
| A STATE | 6 | IRTHPLACE (STATE OR FO | | | WHAT COUNTRY | Y? 8 | D KNEVER MARR | HED 9 | BALTIMORE CITY OR | COUNTY | | , |
| 1 LAZ | | shington, I | | U.S. | | WIDOW | DI DIVORC | CED 🗌 | PRINCE G | | s cou | NTY MD. |
| 186 | 5 | CLINTON | | SOUTH | ERN MA | RYLAN | DROTHER INSTITUTION HOSPIT | 1 | 2a USUAL OCCUPATIO TYPE OF WORK FOR MOST OF Y Dockworker | | INDUSTRY | Ship. St |
| TO NOT | 13a | AL RESIDENCE (IF NURSE STATE ryland | 13b COUP P.G | NTY | GIVE RESIDENCE BEFORE TO CLINTON | WN | 13d. INSIDE CITY LIA | MITS? | 7903 Shirle | zip code y Ct. | 20 | 735 |
| THE NOTE OF | | ATHER'S NAME | | MIDDLE | 1221 | | 15. MOTHER'S MAI | IDEN NAME | | | | |
| # (P / P) | R | obert | E | rnest | Dickin | son | Margaret | t | Louise | | Ĵ | ones |
| H TO H | 160 | WAS DECEASED EVER | | | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | | ADDRES | S | | |
| MO TOO | N | O OR UNKNOWN) | N/A | VE WAR OR DATES) | 223-03- | 7244 | Sadie Die | ckinso | on Same as | 13 A | -E | |
| RECORDS, 201 W. PRI | IFICATION | Conditions, if any, gave rise to imm cause Ial, stating underlying couse PART 2 OTHER SIGN 19a D'ATE OF OPERAT | lediate g the lost | CONDITIONS C | zun: | O DEATH BUT | NOT RELATED TO T | | | 20b. IF YES, IN CERTIFY | WERE FINDI | NGS USED OF DEATH? |
| FVITAL PANIS IN PANIS | CERT | 21g. ACCIDENT WAS UND | _ | | | DAY YEAR | 21c. HOW INJURY | OCCURRED | YES NO | YES | | NO 🗍 |
| IVISION O observation of Physics of the flux cert is the buried of their And or their flux | MEDICAL | 21d INJURY OCCURR WHILE NOT WHILE AT WORK | ED | 21e PLACE | M. OF INJURY REET, FACTORY, OFFIC | E, FARM, ETC) | 21f. LOCATION STREET | | CITY OR TOW | N | COUNTY | STATE |
| ATTENDIA np tol or CTOR As at Health | | 220 I certify that (I) saw the decease | d olive on | V./ | 5 0 19 | 88. | | opinion dec | oth accurred on the dot | e and hour | - | that (I) (we) lost causes stated |
| HAL OR Water Dept. | | 37% SIGNATURE | m | bar | m. | - | DEGREE ATTEN PHYSI 27e ADDRESS | | MEDICAL STAFF DIRECTOR PHYSICIA | | 8 C | SIGNED SIGNED |
| TO FUNE thould be thought by | 220 | REZ | A | mo | STAX | 4/ | 423 | 5 | 26 61 | 2- | n | el |
| BP | | BURIAL, CREMATION, F | KEMOVAL | | | | EMETERY OR CREM. | | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| Dr | | urial UNERAL DIRECTOR - | | 09/02, | | | Bapt. Ch. | Cem | L Stafford REC'D. BY REGISTRAR 25 | h REGISTE | R'S SIGNIAT | Virginia |
| DHMH - 16 60M 7/84 | | NAME | | | Home, AD In | | -10.c/u1 | SEF | | 100 | | |
| (VRA 15, 4) 66 | 73 | Old Alexand | lor F | orry Pd | -Clinto | n_Md_ | 20735 | SEF | 5 1986 | 44911 11 | and the second | indate. |

-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-17568 MEDICAL EXAMINER'S CERTIFICATE OF SEATH REG. NO REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) Disabella DEATH MATED & 28 10 86 Margaret AGE IN YEARS IF UNDER 1 YR. TIE UNDER 24 HRS. 4 RACE 2c DATE AST BIRTHDAY PRONOUNCED Caucasian Feb. Female DEAD 19 86 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Pennsylvania WIDOWED [DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Supervisor Stock Broker 6531 Livingston Rd. Oxon Hill MAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Oxon Hil 6531 Livingston PrinceGeorges NO PO Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Luigi Frances Greco Disabella IAN SOCIAL SECURITY NO. 17. INFORMANT (Mother) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Mahanoy Ave. (YES, NO, OR UNKNOWN) Frances Disabella Unavailable Girardsville, PA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary thromboemboli DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Congestive heart failure gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CATE WELL CATE, WRITING THE WASHING THE CHILL CATE, PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF THE STATE DEPARTMEN YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy X Inspection and in my opinion 22a I certify that I took charge of the remains required above, held an EXECUTE THE CERTIFIC PAGE SHOULD BE FE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN Undetermined manner Natural causes Hamicide death resulted from ACTUAL 8-29-86 Assistant MEDICAL EXAMINER SIGNATURE SIGNED. EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD Dennis F. Smyth, M.D. (TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE STATE Our Lady of Mt. Carmel Shenandoah, Penna. 3 Sept 86 Burial 07/84 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Capitol Funeral Service, Falls Church, VA (VR A15 ME (5))

- 100 م المارية المراجعة المارية المراجعة المارية المراجعة المراجع

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b. HOUR LIVEE OF PRINT 5 DATE OF 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS MONTH YEAR Callcasion 1925 March BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince Georges WIDOWED DIVORCED Wash. D.C O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Wash . Sub. (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Retired Hospital of P.G. County Sanitary Comm JUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 9131 Alcona Lanham Pr. Geo. YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Rowe Dodd Mary L. Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 9131 Alcona WWII 579-20-4936 Sue C. Lanham, Md Yes Dodd 18 CAUSE OF DEATH (Enter only one cause per line for the land to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO: OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause 98 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗍 NOF YES [NO I 718 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d, INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an-__, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE 77c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY Burial Cedar Cem Suitiand 24 FUNERAL DIRECTOR ON / Hale Lanham ADFaineral Home 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) 9013 Annapolis Rd. Lanham, Md. 20706/110 00 1000 lia Bailera Randolle



(VRA 15, 4)

STATE OF MARYLAND

FOR - STATE

STATE OF MARYLAND

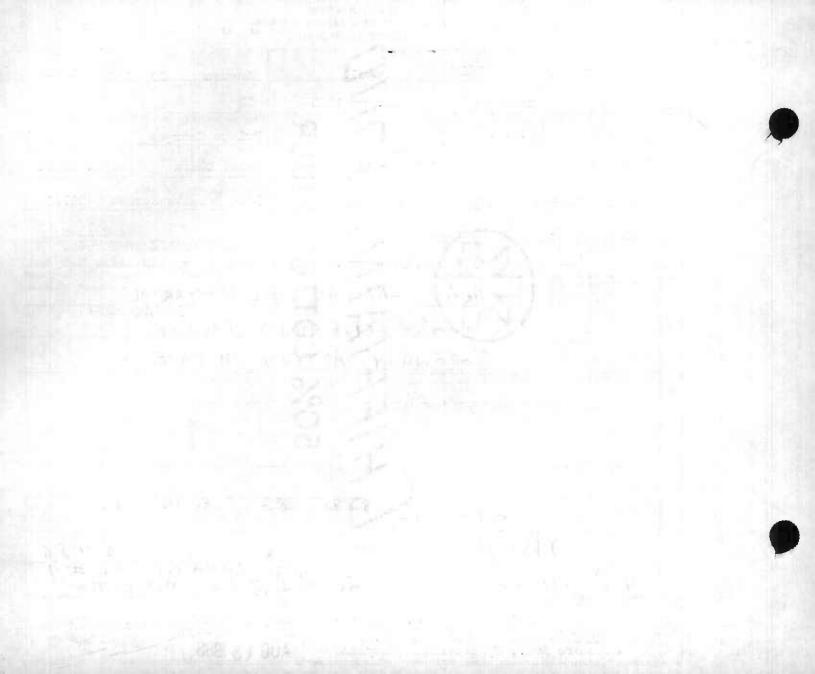
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

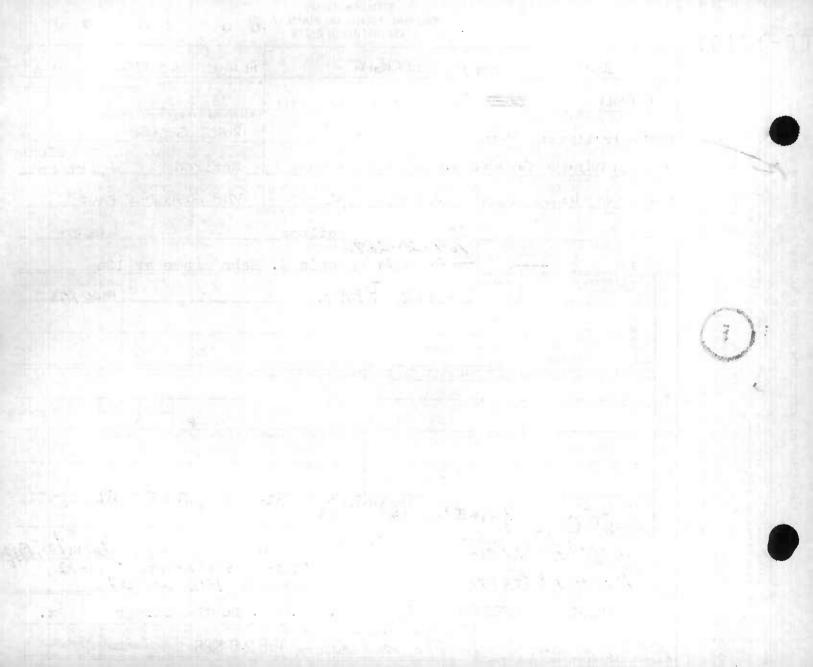
23/59

| | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | D. | | 1 |
|---|---------------|---|--|--|-------------------------------------|--|-----------------|-----------------|----------------------------|
| | | CEASED NAME FIRST | MIDDLE | ř (| AST | | | DAY YEAR | 26 HOUR |
| y | | Luci. | | | well | August | 11, | 1986 | 9:15ам |
| | 3 SEX | | 4. RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | HDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| | Fe | emale | Caucasian | Feb. | 6, 1903 YEAR | 83 | YRS | | |
| 0 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | NTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | |
| | | Llinois | U.S.A. | WIDOWE | DIVORCED | Prince Geo | - | | MD. |
| 3 | | Riverdale | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Leland Memor | e street address) | | 120 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF Sales Cler | | Dept. | Store Store |
| 5 | 13a S Ma | aryland Pri | DUNTY 136. CITY O Lnce Geo. Hyatt | RTOWN | 13d. INSIDE CITY LIMITS? YES X NO [| 3414 Rutge | | | 20783 |
| 4 | | ATHER'S NAME FIRST Onathan | MIDDLE Bethe | _ | Lona FIRST | WE | | Mc Cai | 'n |
| | 16a V | VAS DECEASED EVER IN U.S. | | L SECURITY NO. | 17 INFORMANT | 3303AQN 1 | chols | on Stre | et, |
| | No | YES, NO OR UNKNOWN) (IF YES, | 578-2 | 8-7459 | Mrs. Betty S | Sanderson H | yatts | ville, | Maryland |
| 2 | CERTIFICATION | PART I. DEATH WAS CAL | DUE TO, OR AS A CON b) CONDITION FOR V | TE FH ISEQUENCE OF ISEQUENCE | | Y PISEA MINAL DISEASE OR CONE 200 AUTOPSY? YES \(\) NO[\frac{1}{2}] | ZEN IN PART INC | GS USED | |
| 1 | MEDICAL C | OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. MONT | H DAY YEAR | | TEO (ENIER NATURE OF INJUR | TIN NEW 10 P | PART TORPART 27 | |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,) | OFFICE FARM ETC) | 21f LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | | snw the deceased alive | on Solital) ottended the deceosed on Solital) view the body ofter deoth. | 19 <u>86</u> , or | d that in (my) (our) opinion DEGREE | | | 22c. DATE | SIGNED |
| | | | 101. | (1, | PHYSICIAN | DIRECTOR PHYSIC | | 0 1 | 1.86 |
| | | 224 PHYSICIAN'S NAME (TY | INGH | | BLADENS | BURG | MO | 2071 | #9 |
| | 23a. B | BURIAL, CREMATION, REMOV SPECIFY) Urial | 236 DATE 8-14-86 | | emetery or crematory erans Cemeter | 23d LOCATION CITY OR TOWN CHELTENHA | m, P. | G., Mar | yland |
| | 24 FY | RAMCTS GASCH'S 739 Baltimore | S SONS FUNERAL Ave., Hyattsvi | HOME, P. | A. 25a. DA | TE REC'D. BY REGISTRAR | 256. REGIST | | |
| | | | | | | | | | |

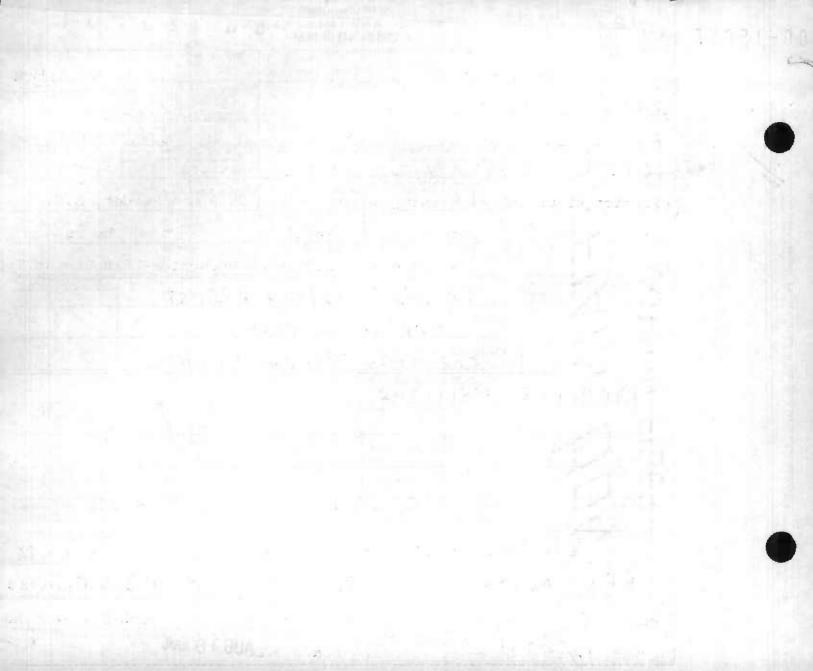
DHMH - 16 60M 7/84



| | 1 | | | STAT | E OF MARYLAND | | | |
|--|---------------|--|--|-----------------------------|--|---|---|---|
| 0-16191 | 1. | FOR STATE REGISTRAR | DEP | CERTIF | EALTH AND MENTAL HYC ICATE OF DEATH | REG. NO | 2 3 / | 6 0 |
| 0 10101 | | CEASED NAME FIRST | MIDDLE | | AST | | | ZEAR Zb. HOUR |
| ay be | | JEAN | (nmn) | EBRIG | AT | August a | 25, 1986 | 10 A M |
| mo) | 3. SE | X | 4. RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | | TYEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| ge 4 | | FEMALE | CAUC | - IUNE | - 10.4 | 73 | YRS. | THOUSE MIN. |
| Control of the Contro | 0 | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUN | TRY? 8. MARRIE WIDOWS | D NEVER MARRIED DIVORCED | PRINCE G | _ | MD. |
| | 10 C | | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES GREATER LAU | STREET ADDRESS) | ROTHER INSTITUTION RSING HOME | 120 USUAL OCCUPATION OF WORK FOR MOST OF Retire | F WORKING LIFE) INDU | IND OF RUSINESS OF ISTRY Defense |
| AND 2120 | ÚSÚ 13a. | AL RESIDENCE (IF NURSING HOME OR STATE 13) COUN | OTHER INSTITUTION, GIVE RESIDENCE | BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? YES K NO | 13e.STREET ADDRESS / 8718 GR | ZIP CODE | 20810 ANE |
| AARYLA d within anderely shall shall | | ATHER'S NAME | MIDDLE LASS | | 15. MOTHER'S MAIDEN NA FIRST POILOMA | MIDDLE | 1. | LAST LBERTI |
| MORE, A | | WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV | | SECON'NO | PEORMANT | ADDRE | SS | |
| ALTIN te be ilcian pers.P | | no —- | ly one couse per line for (o). (| b), and (c),) | <u>Eugenia E.</u> | Hann San | ne as 130 | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| T., B | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) | DBY: TE CAUSE (0) CAN | CER. H | RAIN | | | ONTHS |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSIC IAN: The law redgives that the death certificate be executed within 24 rather during physician and completely filled that this certificate has been signed the after this certificate has been signed that the pleasant in an analysis of the buriol-transit permit. Then pleasant and manala lighted prior to buriol emphasion of managements of the medical examiner management of the medical examiner management of the medical examiner management. | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS | | | | | |
| RDS, 201 | NO | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING | S TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN IN PA | ART I(o) |
| TALRECO | CERTIFICATION | IVII. DATE OF OPERATION | 19L CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 10s. AUTOPSY? YES □ NO M | 204. IF YES, WERE F IN CERTIFYING CA YES [] | FINDINGS USED AUSES OF DEATH? NO |
| IYSICIAN: T ding physicial corrificate burial-transis mental Hygin ritem 18 sh | 73 | 71a. ACCIDENT WAS UNDERLYING. ☐ OR CONTRIBUTING ☐ CAUSE OF DEA OF EITHER, HOTTER MEDICAL EXAMINES. | HOUR A.M. MONTH | DAY YEAR | 31c HOW INJURY OCCUR | SED (ENTER NATURE OF 1932) | IN THE STEW TE WART I OR FA | (A13) |
| IVISION JG PHYS offendin ter this c is the bur h and Me | MEDICAL | THE INJURY OCCURRED White Indianate | 21s. PLACE OF INJURY 141 HOME STREET, FACTORS OF | | THE LOCATION | cition to | WHI COUN | HTR STATE |
| TTENDIN pital or STOR: Af for use of Health | | 22s.1 certify that Dithis hospitalise on | | 10 86 0 | od that in (mg (aur) opinion | 1111 | ate and hour and tro | that (I) (with last in the courses stated |
| At OR A the hos At DIREC detached detached ate Dept. | | HALLIMM | What he | 7 | | MEDICAL STA | FF O | LIGUET 25,19 |
| TO HOSPITAL TO FUNERAL should be det with the State | | BRUCE W. | GATTIS | | 220. ADDRESS # 200 LAU | REL, MD | 20707 | VIERD. |
| BP | 23a. | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 8/25/86 | Silom | EMETERY OR CREMATORY Seth . Eps . Cer | | | |
| DHMH - 16 60M 7/84 | | UNERAL DIRECTOR | ADD | OFSS / | Spaing 2 150. DA | TE REC'D. BY REGISTRAR | 256. REGISTRAR'S ST | GNATURE |
| (VRA 15. 4) | L | LECK F. W. INC | - LAUR | el m: | 0. 202 - AU | 626 1986 9 | WHO HAM GOOD | Market |



| | | FOR | | | DEPART | | OF MARYLAND EALTH AND MENTAL HY | GIENE A | 2 3 | 1 6 | 1 |
|--|---------------|---|--------------------------------------|---|--|-----------|-----------------------------------|---------------------------|-----------------------|-----------------|------------------------------------|
| 00-15647 | 1 - | STATE PEGISTRAR | | | | | CATE OF DEATH | 0 0 | . NO. | | |
| | | EASED NAME | FIRST | ٨ | AIDDLE | U | .51 | 20. DATE OF DEATH | MONTH DA | YEAR | 26 HOUR |
| noy be page 3 | | SAM | | D. EDW | IARDS | | | | | 4-86 | 3:12pm |
| ar. pg | 3 SEX | | 4 | RACE | | 5. DATE O | DAY YEAR | 6. AGE (IN YEARS LAS | | NIHS DAYS | HOURS MIN. |
| S of | | emale | | Black | | Nov | . 1,1911 | 74 | YRS. | FDEATH | |
| A 1/40 | 0 | THPLACE (STATE OR FO | REIGN 76 | 1 | WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9 BALTIMORE CIT | _ | | 3.777.7 |
| 1 /1 70 | | Labama | H 1 | USA | OSPITAL NURSI | WIDOWE | ROTHER INSTITUTION | PRINCE 12a USUAL OCCUP | | | F BUSINESS OR |
| 32 11 86 | | CLINTON | | (IF NOT IN SUCH FACILITY, GIVE STREET ADD | | | HOSPITAL | Retire | ST OF WORKING LIFE) | INDUSTRY GOV | |
| AND 212 124 hours | 13a. S | | 3h COUNT | umbia | GIVE RESIDENCE BEFOR 13c CITY OR TOV Washi | N | 134: INSIDE CITY LIMITS? YES NO [| 13e.STREET ADDRE | ss/zipcode th Stre | et, \$ | 9999 |
| withii withii all 2 skl | 14. FA | THER'S NAME | MI. | DDLE | LAST | | 15 MOTHER'S MAIDEN N. | AME | 8 | LAS | |
| MARY omplete 1 and 2 | Sa | | | | Thomas | | Mattie | 4.6 | DRECC | Thoma | ıs |
| BALTIMORE. | | (AS DECEASED EVER IT | | ED FORCES? WAR OR DATES) | 577 24 | | Bertha Br | | nter-35 | 18 6t | h St.S.F |
| ST., BALTI | | 18 CAUSE OF DEATH PART I. DEATH WA | (Enter anly AS CAUSED MMEDIATE | BY: | C A C A | | MON ARY | ^ ^ ^ | | | ONSET AND TEATH |
| he death cer he attending emove corba mation, or re | | Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF CARDIO MYO PATHY | | | | | | | | | |
| 201 W. PR es that the ned by the please rem urial, crema | | cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF ARTERY DISEASE | | | | | | | | | |
| y, y | NO | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 | | | | | | | | | |
| TAL RECORDS The low required to the low required to the low been signed to the lost been signed to the lost been signed to the lost been shows ony injury. | CERTIFICATION | 190 DATE OF OPERATI | ON | 19b. CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFY | | NGS USED S OF DEATH? |
| OF VITAL CLIAN: The g physicia etrificorie i iol-tronsit into! Hygie tem 18 sho | ICAL CER | 2 a. ACCIDENT WAS UNDE OR CONTRIBUTING CA | SE OF DEATH | 21b. TIME O HOUR A. | M. MONTH D | AY YEAR | 21c. HOW INJURY OCCU | | INJURY IN ITEM 18 PAR | T I OR PART 2) | |
| DIVISION OF VITAL DING PHYSICIAN: The or ottending physicion After this certificote h e os the burial-transit f olth and Memol Hygier morked or item 18 show | MEDIC | 21d INJURY OCCURRI | ED | 21s. PLACE | | | 211 LOCATION STREET | CITY | DR TOWN | COUNTY | STATE |
| TTENDI pirol or TOR: A for use of Heol | | 220.1 certify that (1) (sow the deceased abave, (1) (we) (di | d olive on_ | 8. | 14 19 | 86.00 | d that in (my) (our) apinion | death occurred on the | e date and hour | 00 | that (we) last causes stated |
| AL OR A reference of DIREC detoched detoched of Dept. | | 22b. SIGNATURE | J. | San | NWY | | DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR PH | STAFF YSICIAN [] | 224. DATE | SIGNED . 14.86 |
| TO HOSPITAL Cretoined by the TO FUNERAL Is should be detoined with the Store Elimphory To FUNERAL IMPORTANT. If | | RAJ. | SAW | TAN | j | | 7501 SUR | RATIS R | D #3 | 03 (| LINTON |
| Of Day Williams | | URIAL CREMATION, R | EMOVAL | 236 DATE | | | EMETERY OR CREMATORY | ZIA LOCATION | N. T. | country | state |
| 9999999 16 60M 7/B4 | E | NERAL DIRECTOR | elhan | Augu | Stewa | MI | | TERECO, BY REGIST | metery REGISTRA | Sui | cland, Md |
| (VRA 15, 4) | St | ewart Fu | heral | Home | -4001 E | ennir | ng Road, N. | EAUG 18 | the first | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FrancisRoland Effinger KNOWN MONTH (TYPE OR PRINT) OF ancis DEATH MATED JE UNDER 24 HRS DATE PRONOUNCED DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington. Prince George's WIDOWED [DIVORCED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Clinton Postal Ser USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 16110 Ashbox Rd.,/20613 COUNT Brandywine Geo. NO X YES [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST George William Effinger Jr. Thelma Cecelia Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 1 (JE YES, GIVE WAR OR DATES) 229-66-1375 Cecelia T. Wiedemann -Same 88 CAUSE OF DEATH (Enter only one couse per line for, (o), (b), and (c).) APPROXIMATE INTERVA RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK COUNTY PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BARRIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Accident Homicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 8/10/86 Deputy EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, MD Ft. Brentwood, Pr Geo, 8/13/86 Lincoln Cem 07/B4 25M 24 FUNERAL DIRECTOR ADDRESS P. 250. DATE REC'D. BY REGISTRAR DHMH - 17 Home Walderf. Md 20601 (VR A15 ME (5))

Tennotanotani — Trimpr incom a complete of the comple A larvi end for a street with a series of the series of th discrete william of the art of the artists william agrand - - - 225-35-3375 Lorentto di Historiano - sere on diti Fill The Section the Development and College and a second college and the second coll maist Bittles it itemate or remarkable it iss, set. 236 xun . u . u Junea Funeral oche comment, un EDEDA Ses Sales

6

page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

| | 1 - | FOR STATE REGISTRAR | | DEPARTA | 0 | S | | | | | | |
|----|---------------|---|--|--|--|--|--|---|---------------------------------|--|--|--|
| 1 | | EASED NAME FIRST | ٨ | AIDDLE | L | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR | | |
| | (TYPE | Esther | | C. | I | ELLIS | August 4 | | 8:10p. M | | | |
| 4 | Liex | | 4 RACE Whit | - | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | HDAY) IF I | JNDER 1 YEAR | IF UNDER 24 HRS | | |
| 1 | C | RTHPLACE (STATE OR FOREIGN OUNTRY) ashington, D.C. | TITLA | WHAT COUNTRY? | MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED 🔏 | | | | | | | |
| 2 | H | yattsville | (IF NOT IN SUC | acred Hea | art Ho | ome, Inc. | 12a USUAL OCCUPATE (1YPE OF WORK FOR MOST O Admin Sect | on F working Life) etary | IZE KIND O INDUSTRY Paper | News Office | | |
| 3 | V | | OTHER INSTITUTION OTY | GIVE RESIDENCE BEFORE 13c CITY OR TOW Alexand | ADMISSION) | 13d. INSIDE CITY LIMITS? YES 🔂 NO 🗌 | 7405 Recay | - | 2/230 | 1999 | | |
| 1/ | 14 FA | | aCoste | Rodier | | IS. MOTHER'S MAIDEN NAME FIRST Ida | ME Virginia | 1 | Port | er | | |
| 5 | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | 7405 ARE | card La | ne | | | |
| 2 | {Y | ES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 577-18-8 | 3567 | Nancy O'Rourl | ke Alexand | ria, Vi | rgini | a 22307 | | |
| | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT | nly one cause per D BY: TE CAUSE (a) | line far (a), (b), and | dieni | ę | | | APPROXI BETWEEN | MATÉ INTERVAL ONSET AND DEATH | | |
| | NO | Canditions, if any, which gove rise to immediate cause to i, stoting the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE CANAL CONTROL OF THE CANAL | (b) DUE TO, OI | R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO D ON TRIBUTING TO D | NCE OF | Corebro Va | | | | day | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | VERE FINDINGS USED NG CAUSES OF DEATH? | | | | |
| 1 | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | HOUR A. | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURE | YES NO YES NO JARRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | | | | | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (| OF INJURY EET, FACTORY, OFFICE F | ARM ETC) | 211 LOCATION STREET | CITY OR TO | wn | COUNTY | STATE | | |
| | | 22a. certify that (1) (this hospi saw the deceased alive an abave, (1) (we) (did) (did no | / 1 / 7 | // | | nd that in (my) (aur) apinion | death accurred on the de | 19 atel and hour a | | | | |
| | | 226 SIGNATURE | M-F | uli | | DEGREE ATTENDING PHYSICIAN (A | MEDICAL STAI | FIAN [| 22c. DATE | 4/86 | | |
| 1 | | IBRAHIM | M. Kt | | 2 | | crest Ro | #90 | Hai | tsulle MO | | |
| | (| URIAL, CREMATION, REMOVAL SPECIFY) Burial | 8-7-86 | Ga | te of | EMETERY OR CREMATORY Heaven | 23d. LOCATION Silver Sp | | | | | |
| 4 | | Tames Gasch's | | ADDRESS | - | | E REC'D. BY REGISTRAR | 256. REGISTRA | 4.5.5.18 prop | THE STATE OF THE PARTY OF THE P | | |
| | 47 | 739 Baltimore A | venue I | Hyattsvil | le, M | d. 20781 | 10 1 1 1000 (| 7 | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

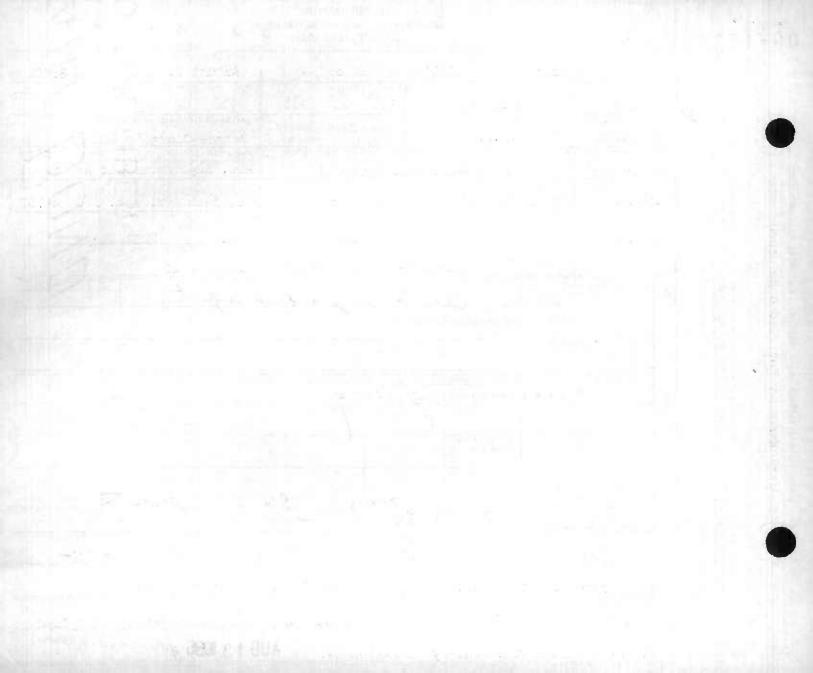
BP.

. The state of the Description of the contract of

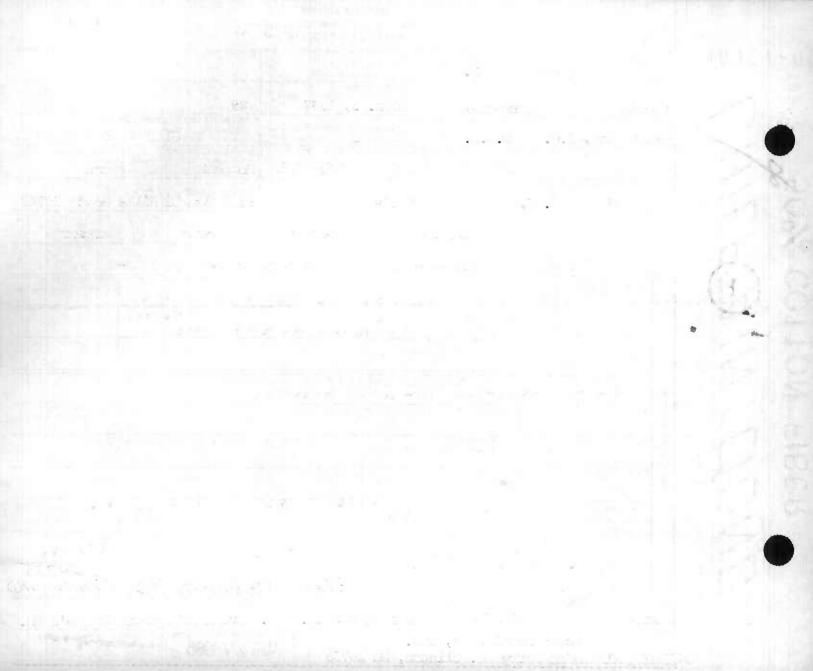
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-17069 CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTE AUGUST 31 1986 07:40am Richard Ellis & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH YE AR Male 1917 Caucasian 68 A BIRTHPLACE ISSAN OFFICER **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York WIDOWED DIVORCED [Prince George's 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Mail Sorter Camp Springs Malcolm Grow USAF Med. Center Postal Service WE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13 Lynde St. Plattsburgh 1209 New York 15. MOTHER'S MAIDEN NAME MIDDLE LAST Ellis Marie Demers 17 INFORMANT (spouse) In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Anne Ellis Ves TT& Korea 561 - 54 - 8441 same as 13 a - e 18 CAUSE OF DEATH (Enter only one couse per line ESD TRATORY
PART I. DEATH WAS CAUSED BY: 24 HOURS IMMEDIATE CAUSE (RESUMED NEOPLASM OF LUNG PRESUMED NEOPLASM OF LING 2 MONTHS Conditions, if any, which couse ittl, storing the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 We DATE OF OPERATION I PUPCAPINE IN MOTOR WENT PERROTTENTY OF SERVENTOUS T.S. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 18 AUG 86 PALIATION OF GASTRIC STENOSIS NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) certify that (1) (this hospital) attended the deceased from 5 AV6 1986 sow the deceosed alive an _31 Allo ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did pat) yew the bady after death 31 AV6 86 DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23e BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Plattsburgh Burial Saint Peters 24. FUNERAL DIRECTOR LEE FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE Kacidnos Old Alexander Ferry Rd., Clinton, MD20735

CONTRACTOR STATES

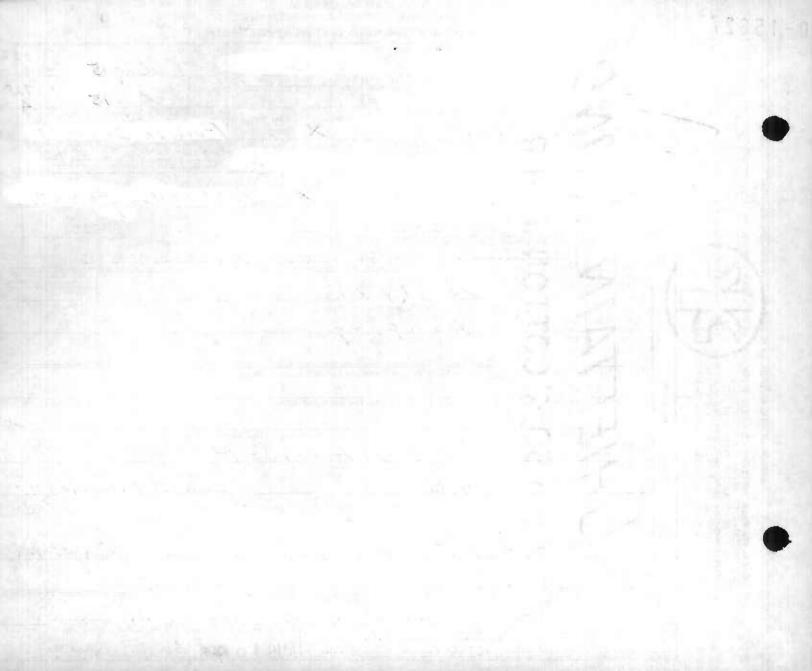
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 2h HOUR (TYPE OR PRINT) walter William Elloff August 7, 1986 8: 20a M & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 5. DATE OF BIRTH 4 RACE 3 SEX HOURS 1908 Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Deleware U.S.A. Prince George's County WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126. KIND OF BUSINESSION O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Superintendant Baltimore 5600 54th. Ave. Apt#-510 Riverdale Prince George 13e STREET ADDRESS / ZIP CODE 5600 54th Ave. Apt. 510 s Riverdale faryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE MIDDLE Elloff Sarah McClaskey Charles 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 216-03-1985 Iva Elloff Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and jo. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o ed DUE TO, OR AS A CONSEQUENCE OF Notifi Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, Examiner CERTIFICATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION PL CONDITION FOR WINCH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? KION 718 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an_ a, and that in (my) (over) apinian death accurred on the date and haur and from the causes stated obove, (1) (we) (didid(d) not) view the body after death DEGREE 22c DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL 8/7/86 should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Richard J. Lilly, M.D. 5804 Balt. Ave. Hyatts, Md. 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPEC#Y) Burial 8-11-86 Meadowridge Cemetery Baltimore Howard Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 24 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT DORA P. ERNEST 8/21/86 4:400 M IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH 3 SEX MONTH Jan. 2, 1897 Female Caucasian To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY MD Washington, D.C. U.S.A. DIVORCED [INDUSTRY CLINTON Homemaker Home 130 STREET ADDRESS / ZIP CODE 5127 Temple Hills Road 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Temple Hills P. G. YES X 15 MOTHER'S MAIDEN NAME IL EATHER'S NAME MIDDLE Jacobine Hirrlinger Hertzer Marie John ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 579-60-5154 Eleanor Fortune Same as 13 A-E APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY SERE SEVERE CONCESSIVE HEART IMMEDIATE CAUSE (a). FALLURG DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTERY Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATRIAL FIBRILLATION, DIABETES MELLITUS-190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 218 PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive one and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE 22e ADDRESS MPORT, G. NACHNANI, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Suitland Prince George's MD. Burial 08/25/86 Washington Natl. Cem. 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 258. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 13 Old Alexander Ferry Rd. Clinton, Md 20735 (VRA 15, 4)



| n - 15 | 627 | 1- | FOR STATE | AAE | DEPARTMENT OF | E OF MARYLAND IEALTH AND MENTAL ER'S CERTIFICATE | | 161 |
|--|--|---------------|---|---------------------------------------|--|--|--|--|
| 0 10 | , 0 2 | 1 DE | REGISTRAR CEASED NAME FIRST | ME | MIDDLE | ER'S CERTIFICATE | REG, N | |
| | IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR FILES. LED. WITHIN 72 HOURS. DISTRIBUTION STREET, | {111} | Kathryn | | Saylor | Eshelbrener | 20 DATE KNOWN OF ESTI- DEATH MATED | MONTH DAY YEAR 20 HOUR |
| | RECT PRECT P | 3. SE: | | S. DATE OF BIRTH | YEAR LATERING | RS IF UNDER I YR. IF UND Y) MONTHS DAYS HOURS | PER 24 HRS. 20 DATE MIN PRONOUNCED | MONTH DAY YEAR 24 HOUR |
| | AL DI YOU YOU | - | male Cau. | July 12, | | S. | P. BALTIMORE CITY | 190 8 1 M |
| | NEW STATE OF THE S | FC | shington D.C. | | TIAI COONINY? | MARRIED NEVER MAI | RRIED . | |
| | S S S S S S S S S S S S S S S S S S S | | ITY OR TOWN OF DEATH | U.S.A. | SPITAL, NURSING HOME | OR OTHER INSTITUTION | RCED Prince Ge | |
| | ALA EN | | ure1 AL RESIDENCE (IF IN NURSING HOME | Greater | | sville Nur. H | IN MOST OF WORKING [IFE] | PARK AND PLANNING |
| 1201 | ANY DE AND 3 TRETAIN POULD B | 13e. S | TATE COUN | NTY | 13c. CHY OR TOWN | 136 INSIDE CITY LIMITS | 12-STREET ADDRESS | |
| #SS 2120 | 2. SHO | Ma 14 F. | ATHER'S NAME | e Geo. | Seabrook / | YES NO [| | on Street 20706_ |
| | DEATH. IF NGES 1, 2, NM PM 3. I AND 2 SF | 13 | FIRST | A. | Saylor | Mary | MIDDLE E. | White |
| MOM | F PAGE FORM ON ON | 16c. \ | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 16b. SOCIAL SECURITY | | ADDRES: | |
| BALTIMORE, | JRS AFTER 3. GIVE PA(WITH FOR IT) PAGES 1 DIVISION (| NO | ES, NO, OR ONKNOWN) | WAR OR DATES | - 218-07-169 | Dorothy | Smith, Same as | Line #13 |
| .12 | 0. <. > . 0 | | 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE | nly one couse per lin | e far (a), (b), and (c).) | 2 1 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| NO. | 24 H LONG LONG PER VAL. | | | TE CAUSE (a) | VORY | 612 | | |
| REST | I W. PRESTON ST. D WITHIN 24 HOU PENCIL IN ITEM 1B AMINER ALONG V - TRANSIT PERMIT - ICHTAL HYGIENE, OR REMOVAL. | | Conditions, if any, which | 1 | R AS A CONSEQUENCE C |)F | | |
| × . | A TRAINE | | gave rise to immediate cause (a) stating the under- | · · · · · · · · · · · · · · · · · · · | RAS A CONSPONENCE C | 59 | | |
| 201 | KECUTED WITH IG" IN PENCIL AL EXAMINE! BURIAL - TRAN AND MENTAL ATION, OR RE | | lying couse last. | (6) | AS A CONSCOURNCE C | 0 | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | BE EXECUTED SENDING: IN INTERPRETATION OF THE AND WEDICAL EXAMPLES AND WEDICAL EXAMPLES OF THE AND WEDICAL EX | 2 | PART 2 DTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMI | NAL DISEASE DR CONDITION GIVEN IN | PART 1 (c). | |
| REC | UX ~ W | CERTIFICATION | 190 DATE OF OPERATION | 119h COND | TION FOR WHICH OPERA | TION WAS BEDEORMED? | | Jan |
| TAL | | FIC. | 1/8 | 2 | MONTOR WHICH OFER | TION WAS FERI ORMED! | | 2D AUTOPSY? |
| ₹ > | THE CHIE MORD THE CHIE MID BE US MENT OF TO BURIL | ERT | 210 EXTERNAL CAUSE WAS | 21b. TIME Q | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART T OR PART 2) |
| O N | CERTIFICATE SHO | | UNDERLYING OR CONTRIBUTING CAUSE OF | | MONTH DAY YEAR | 16.00 | C. 4 | |
| VISIO | ERTI TING TING ED 1 3 SH DEPA PRIC | MEDICAL | 216 INJURY OCCURRED | 21e PLACE | OPINJURY (AT HOME, | 21f LOCATION | | |
| ō | THIS CERT E, WRITING RWARDED PAGE 3 SH STATE DEP/ 7, 21201 PRI | > | AT WORK AT WORK | 3 | THE STANDARD OF THE STANDARD O | ZIMEEL | (ZWAD) | Princeton 900 |
| | ATE, TORMORE, P. | | 22a. I certify that I taak charg | ge af the remains de | scribed above, held on | Autopsy , Inspect | tion , Inquiry , at | nd in my apinion |
| | E CERTIFICATE, DUID BE FORVAL DIRECTOR: H, WITH THE SI | | death resulted from: Natur | rol couses , | Accident , Suic | ide Homicide | Undetermined manner , | |
| - | WAR WAR | 18 | ACTUAL C | 20 | 201. | TITLE (SPECIFY) | | 1014 |
| | ANT SEE | | SIGNATURE | 2- // | The | M.D. Dep | MEDICAL EXAMINER | SIONED 15 15 1981 |
| | TO MEDICAL EXAMENED THE CERTIFICATION OF A SHOULD FOR TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARRY | | EXAMPLE S NAME Joh | n S. Roge | rs | same Silv | ver Spring, Mary | 1 and |
| | PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | 23e.B | URIAL, CREMATION REMOVALE | | | ETERY OR CREMATORY | 123d LOCATION | |
| 07/B4 | | Bu | rial | 8-18-86 | | 1n Cemetery | Brentwood, P. | G., Maryland |
| 25M | DHMH - 17 | řŔ | ANCIS GASCH'S S | ONS FUNER | | | E REC'D. BY REGISTRAR 25h REG | |
| | (VR A15 ME (5)) | 47. | 39 Baltimore Av | enue, Hya | ttsville, Ma | ryland AUG | 1 0 1986 Alla A | evidon Pandalle |
| | | | | | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH FIRST AA IDDLE (TYPE OR PRINT) JIJI.TA F **EVANS** AUGUST 19 1986 06:027 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR DAYS HOURS 1926 17 Lemale June 60 caucasian TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED XX. NEVER MARRIED Washington.D.C United States Prince George WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE receptionist AARP Laurel GREATER LAUREL BELTSVILLE HOSPITAL MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3g STATE 1136 COUNTY 13. STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 13504 Attleboro Ct. Md. PRINCE GEORGES Laurel NOXIX FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Deal Pryor E Hefner Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-38-4605 Thomas Evans Jr. same as above no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF HEART FAILURE. Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES NOT 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 22a | certify that (1) (this hospital) attended the deceased from 19 the deceased alive on. ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 22.1986 Meadowridge Mem. Park Dorsey Howard 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Donaldson Funeral Home 313 Talbott Ave (VRA 15, 4)

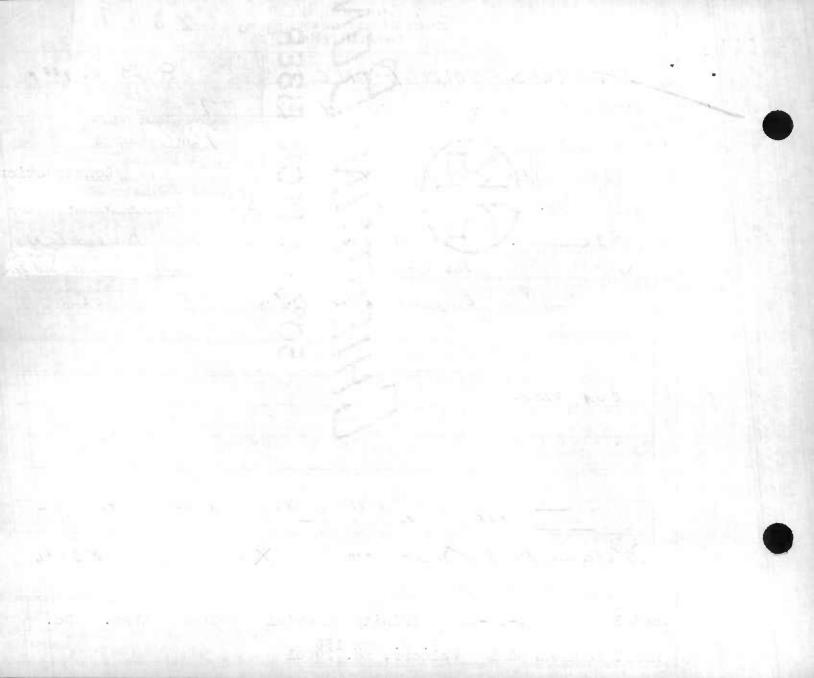
Carried and the second of the

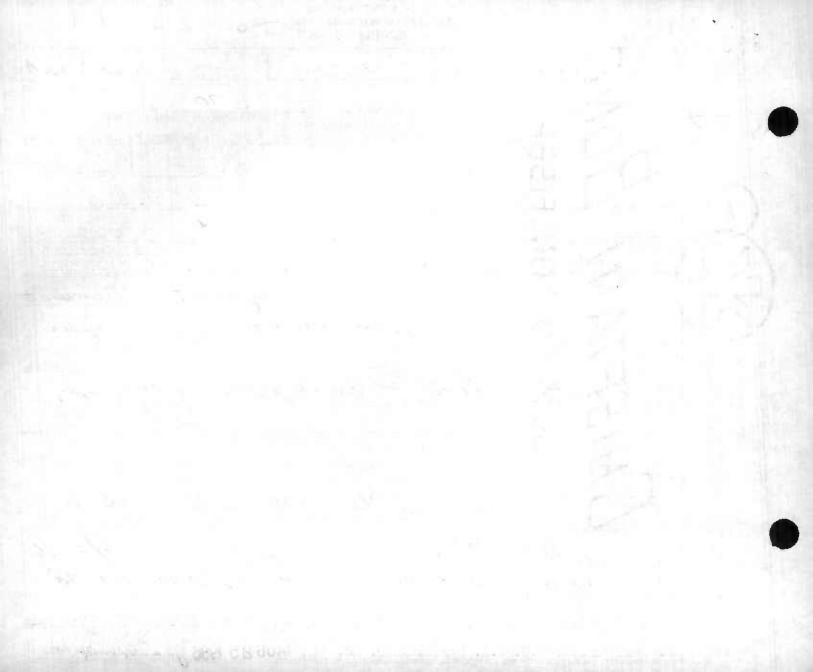
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN TONTH DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED July 11, 1931 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Washington, D.C. USA WIDOWED X Prince George DIVORCED [BE CITY OF TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Homemaker Seat Pleasant NIMICOUNTY Washington 804 Rhode Island Ave. N.W D.C. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE DuBose Pendleton Earl Bertha 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 578-40-2027 no Bertha P. Hughes; 405 Eastern Ave. 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). APPROXIMATE INTERVA we cardes vascular dense PART I DEATH WAS CAUSED BY: DUE TO, OR A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES . NO C 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Te PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 2TF. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Natural couses Homicide ... death resulted from: Accident Suicide ______ Undetermined manner Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 8-22-86 Harmony Memorial Park Landover PG Md. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE Marshall's Funeral Home DHMH - 17 4217 9th St NW: Washington, D.C. (VR A15 ME (5))

JIAIE OF MAKILARU

E0012-00 L'action Reporte Formes Front Block 405 Enclose hitera lot & Barrelland Hoper Brown and mounted decrease 11-11-12

STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH (TYPE OF PRINT) FRANCES FORREST LELA 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 1. SEX IF UNDER I YEAR YEAR Female Caucasian June 11 1909 BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvania PRINCE GEORGE'S COUNTY WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11/ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY CLINION SOUTHERN MARYLAND HOSPITAL CENTER Housewife. Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? Maryland Charles Waldorf 909 Fowler Court / 20601 ATHER'S NAME 15. MOTHER'S MAIDEN NAME Walter Santrock Mary McNutt ADDRESS1715 Temi Dr. 16b. SOCIAL SECURITY NO. 17 INFORMANT I WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 168-48-7697 Patricia A. Taranto Waldorf, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for to the and a PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED III LOCATION 710 PLACE OF INJURY COUNTY CITE OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram, 🔀 🗘 , and that in (my) (aur) apinian death occyrred on the date and haur and from the causes stated saw the deceased align a about (II (we) (did) (did not) view the body after death DEGRE ATTENDING STAFF PHYSICIAN LORECTOR PHYSICIAN [Waldorf, Charles. 8/14/86 Trinity Mem Gardens 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE Box 156 DHMH - 16 60M 7/84 Huntt Funeral Home Waldorf, Md 20601 (VRA 15, 4)

iteads \ arous ratura end time the asissis basista Tomos Services of the Service of the nate in the property of the state of the second weight thought comes, in a selection of the contract of AND S DOWN A DONE ON A DONE OF SMALL LETTERS | January

| | | | FOR | | r | | | MARYLAND I AND MENTAL H | IVGIENE A | -1 1 | 7 3 |
|---|--|---------------------|--|--|---------------------------|-------------------------|--------------------|-----------------------------------|-------------------------|--|-------------------------|
| 00- | 15918 | | STATE REGISTRAR | | | 4 | | CERTIFICATEC | 2. | REG. NO. | |
| | | 1. DE | CEASED NAME | FIRST | | MIDDLE | | LAST | Za DATE K | NOWN X MONT | H DAY YEAR 26. HOUR |
| | S.S.S. F. | (TYP | E OR PRINT) | LINDA | Ma | e | F | OSTER | OF DEATH | MATED 8 | 16 19 86 M |
| FILE | 3. SE | | 4 RACE | 5 DATE OF BIRTH | 6. AGE | | NDER TYR. IF UNDER | 24 HRS. 2c. DATE | MONTH | DAY YEAR 24 HOUR | |
| | OUR ON | A Continue | emale | White | | 1950 36 | YRS. | NO DATS HOURS | DEAD | 8 | 16 19 86 2:20 |
| S NEGESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PREGTON STREET, | | FC | RTHPLACE (ST | | 76 CITIZEN OF WH | AT COUNTRY? | | IED NEVER MARR | ED 9. BALTIMO | RE CITY OR COU | NTY OF DEATH |
| | NA SERVICE | | nnsylv | | USA IT. NAME OF HOSI | DITAL NUMBERNO H | | VED X DIVORC | 1 1 1 110 | e George | S County MD |
| DELAY I TO THI IN POTH IN PACK IN PACK | | | | | (IF NOT IN SUCH FAC | HITY, GIVE STREET ADDR | ESS) | | Housewi | | OR INDUSTRY |
| | | | | IF IN NURSING HOME OF | ROTHER INSTITUTION, GIV | E RESIDENCE BEFORE AD | MISSION) | Hospital | | | GULLA |
| 21201 | AND | 130 S | strict | of Columb | | Woodric | dge | 13d. INSIDE CITY LIMITS? YES X NO | 1917 Bla | densburg | Road 20018 / |
| WD. | H-12 | 14. F | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDI | n NAME | DIE | Verner |
| ORE, | DEA. | 14) | Henry | S EVED IN LILE ADA | Wayne | Knepp | IDITY NO | Vivia 17. INFORMANT | | | |
| BALTIMORE | AFTER I INE PACH H FOR AGES 1 SION | | NO. OR UNKNO | DEVER IN U.S. ARM | | 210 40 | | | | ladkent Ro | Penna. 17011 |
| 3 | WITH WITH DIVIS | | | F DEATH (Enter only | y one cause per line | | | radia o. | ioiner oam | h 'mare' | APPROXIMATE INTERVAL |
| 15. | MA 18 NA 18 NE, I | | PARTIDE | ATH WAS CAUSED | BY: E CAUSE (a) | Narcoti | | | | | BETWEEN ONSET AND DEATH |
| 101 W. PRESTON ST TED WITHIN 24 HO. N PENCIL IN ITEM II AL- TRANSIT PERMI MENTAL HYGIENE, N, OR REMOVAL. | | | 0.00 | IMMEDIAI | | AS A CONSEQUEN | | | | | |
| 84 | CIL IN NER A ANSIT AL HY | | | e to immediate | (b) | | | | | Auto ft | |
| 201 W. | SAMILY OR Y | | couse (a) lying cou | stating the <u>under</u> - se last. | DUE TO, OR | AS A CONSEQUEN | CE OF | | | | |
| | SECUTION OF THE PARTY OF THE PA | | BAST 2 OTHER CL | CHIEFCANT CONDITIONS | ONTRIBUTING TO OF ATH | UT NOT BELLETING TO THE | Vianum avera | E OR CONDITION GIVEN IN PA | | | |
| DIVISION OF VITAL RECORDS, | ULD BE EXECUTED F. PENDING." IN PI F. MEDICAL EXA ED AS A BURIAL- F. HEALTH AND ME AL, CREMATION, (| Z | VANI 2 OTHER 31 | omiteant compilions | ONTRIOUTING TO OLKIN | OL HOL KEENIED TO THE | TERMINAL UISEA: | E OR CUMUITION GIVEN IN PA | KI I (d. | | |
| L REC | HOULD I | CERTIFICATION | 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | |
| ¥ Y | 3888 5 5 5 F | TIF | | | | | | | | | YES 🙀 NO 🗌 |
| O. | ARDED TO THE WRITING THE WARDED TO THE GE 3 SHOULD BATT TO THE COME 3 SHOULD BATT TO B | | 21a. EXTERNA | L CAUSE WAS | 21b. TIME OF HOUR A.M. | MONTH DAY | ZIc. H | OW INJURY OCCURRE | D (ENTER NATURE OF INJU | RY IN ITEM IS PART I OR | PART 2] |
| NOIS | MART PART SIDE | MEDICAL | CONTRIBUTION CONTRIBUTION | NG CAUSE OF D | | 8-15- 19 | | bject used | drugs. | | |
| DIVIS | VRITIN VRITIN VRITIN VRDED GE 3 (GE 3 (TE DEI | MEG | WHILE _ | NOT WHILE | STREET, FACTO | DRY, FARM, ETC.) | | STREET | CITY OR TOW | | COUNTY STATE |
| PAN | F. 3852 | | AT WORK | AT WORK | | tel | 191 | T | urg Rd., N | | ashington, DC |
| AND | | M | | | of the remains desc | | | | | , and in my | opinian |
| | | | death results | ed from: Nature | al couses \square , | Accident , | Suicide | TITLE (SPECIFY) | Undetermined man | | |
| AL EX AL DOUG AL DOUG | | ACTUAL SIGNATURE | AV | S | X | | Deputy Deputy | Chief | DAT NER SIGN | ENED 8-16-86 | |
| | AEDICAL EXAMAGEOUTE THE CERTIF ACCUTE THE CERTIF OF EVERAL DIREC FIFE DEATH, WITH ALTIMORE, MARYL | | EXAMINER'S (TYPE OR PRIM | | M. Dixon, | M.D. | | | enn St., E | | D 21201 |
| | PAT | 23a.B | JRIAL CREMA | ION REMOVAL 23 | | | | OR CREMATORY | 23d. LOCATION | CO | DUNTY STATE |
| 07/84 25M | BP | 111 | Burial | | 8/21/86 | Rellin | g Gree | n Mem. Parl | | ind Count | y Penna. |
| aaa | QBHMIQ7 | 64 | - | | The same | ינת מתונד | 4 West | 4110 | 2.1 1986 | PSE REGISTRAR'S | A-Tomber |
| 111 | (VR/A15 ME (5)) | 4 | TOUR THE | KE TUNE | Junie PA | 1407 010 | A DRACE | ern AveAUG | Q 1 1900 | The state of the s | - |

. The state of the

moy be

| | STATE OF I |
|-----|------------|
| 202 | |

4739 Baltimore Avenue Hyattsville, Md. 20781

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

| 1 | cup | 2 | 7 | 100 |
|---|-----|---|---|-----|
| 2 | 3 | 1 | 1 | - |
| | | | | |

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

| KE | GISTRAR | | | | | | | REG. N | J. | | | | |
|---------------|-------------------|--------------------------------|---------------------|------------------------|--------------|---------------|------------------------|-------------------------------------|------------------|-----------------------|----------------------------------|--|--|
| | SED NAME | FIRST | | AIDDLE | ı | LAST | | 20 DATE OF DEATH | MONTH D | DAY YEAR | 26 HOUR | | |
| (TYPE OR P | L(| ois | Ed | lith | FR | RAZEE | | 8-3-86 | | | 09:44AM | | |
| 3. SEX | | 1 | RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | HOURS MIN. | | |
| | emale | | Whi | te | MONTH | 13 | YEAR 97 | 88 | MIN. | | | | |
| M. BINTH | IPLACE ISTATE O | R FOREIGN | | WHAT COUNTRY? | 8 AAADDIE | D NEVEL | MARRIED - | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 600. | w York | | U.S.A. | | WIDOWE | | DIVORCED [| Prince Ge | orge's | | | | |
| CITY (| OR TOWN OF DE | ATH | | HOSPITAL, NURSIN | | OR OTHER IN | STITUTION | 12a USUAL OCCUPATI | | | F BUSINESS OR | | |
| Ri | verdale | | | l Memoria | - | pital | | Housewife | | Own | Home | | |
| UMUAL R | | 136 COUN | | GIVE RESIDENCE BEFORE | | 1134 INSIDE | CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | | | |
| Ma | ryland | 1 | G. | Glenn D | | YES X | NO 🗌 | 8102 Spri | | | 20769 | | |
| 4 FATHI | ER'S NAME | | AIDDLE | LAST | | 15 MOTHE | R'S MAIDEN NAM | ME | | | | | |
| | George | _ | J. | Scott | | 2.00 | Edith | L. | | Gord | on | | |
| | DECEASED EVE | RIN U.S ARA | AED FORCES? | 166 SOCIAL SECU | IRITY NO. | 17 INFORA | MANT | ADDRE | \$5 | | | | |
| No. | NO OR UNKNOWN) | (IF YES GIVE | WAR OR DATES) | 214-74-6 | 961 | Lois | A. Dods | on (Daughte | r) Sam | ne as # | 13 | | |
| Ti | CALISE OF DEA | TH Enter only | y one cours per | line for al, (b , one | die | | | | | APPROXI | MATE INTERVAL ONSET AND DEATH | | |
| 1 | PART I. DE ATH | WAS CAUSED | BY | ARDD PU | 11ma | MARY | ARRI | FST. | | - Carron | 27-321 41-2 52-41- | | |
| - 1 | | IMMEDIAIL | E CAUSE (o) | T.F. o D o | 1.10 | 1 . 7 . 1 . 7 | | | | | | | |
| | | | | R AS A CONSEQUE | | | | | | | | | |
| C | onditions, if on | y, which | (byAT | TERUSCLEX | 20T1E | HEAR- | DISEASE | COPD. D | anete | 20 | | | |
| | ove rise to in | |) | | | | | 1 | | | | | |
| | inderlying cour | | DUE TO, OI | R AS A CONSEQUE | ENCE OF | | | | | | | | |
| | | | (c)_ | | | | | | | | | | |
| | ART 2 OTHER SIG | GNIFICANT C | onditions <u>co</u> | DNTRIBUTING TO D | DEATH BUT | NOT RELAT | ED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | EN IN PART 10 | 0 | | |
| CERTIFICATION | | | | | | | | Tan autonous | Toni in unc | MIERE EINIDIG | 100.000 | | |
| A 190 | DATE OF OPER | ATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PER | ORMED | 20a AUTOPSY? | | , WERE FINDING CAUSES | | | |
| = | | -020 | | | - 11 4-12 | | | YES NO | YES | 5 🗌 | NO [] | | |
| 210 | a. ACCIDENT WAS U | - | 216. TIME O | FINJURY M. MONTH DA | AV VEAD | 21c HOW | INJURY OCCURE | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART 1 OR PART 2) | | | |
| A O | R CONTRIBUTING | , | P. | | 19 | | | | | | | | |
| 0 | INJURY OCCU | | 21e PLACE | | - 17 | 21f LOCA | TION | | | | | | |
| WE WE | VHILE NOT | | | EET, FACTORY OFFICE F | ARM, ETC } | STR | ET | CITY OR TO | WN | COUNTY | STATE | | |
| | WORK AIW | ORK | | | L O | | ar | ₹ . (1) | | / | THE REAL PROPERTY. | | |
| 22 | | | | e deceased from | 5/1/ | _ | 19_85 | 10 Ting Au | | | that (I) (we) lost | | |
| | sow the deced | sed olive on (did) (did not | view the body | ofter death. | . 01 | nd that in (m | y) (our) opinion (| death occurred on the d | ote and hour | ond from the | couses stated | | |
| 22 | SIGNATURE | 0- | - | | | DEGREE | | | | 22c. DATE | SIGNED | | |
| | +1 | 1250 | nay | | | MI) | ATTENDING PHYSICIAN IN | MEDICAL STA | | 8-L | 1-81- | | |
| 220 | d. PHYSICIAN'S | VAME (TYPE OR | PRINT) | | | 22e ADDR | ESS | | | 10 | - 00 | | |
| | R. 15. | BHAT | PAT | | | 704 | 110mga | AVE#T-1. L | AUREI | LMD | 70707 | | |
| | NU | 101100 | 10117 | | | | | | | 1011 | -0101 | | |
| 23a BUR | IAL, CREMATION | | 236 DATE | | | | RCREMATORY | 23d LOCATION | 1 | P. Giy | Mary Tano | | |
| 13.60 | Buri | al | 08/06 | /00 FC | DLC PI | riico Tu | Cemeter | y Brentwood | | r . G . | maryranc | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

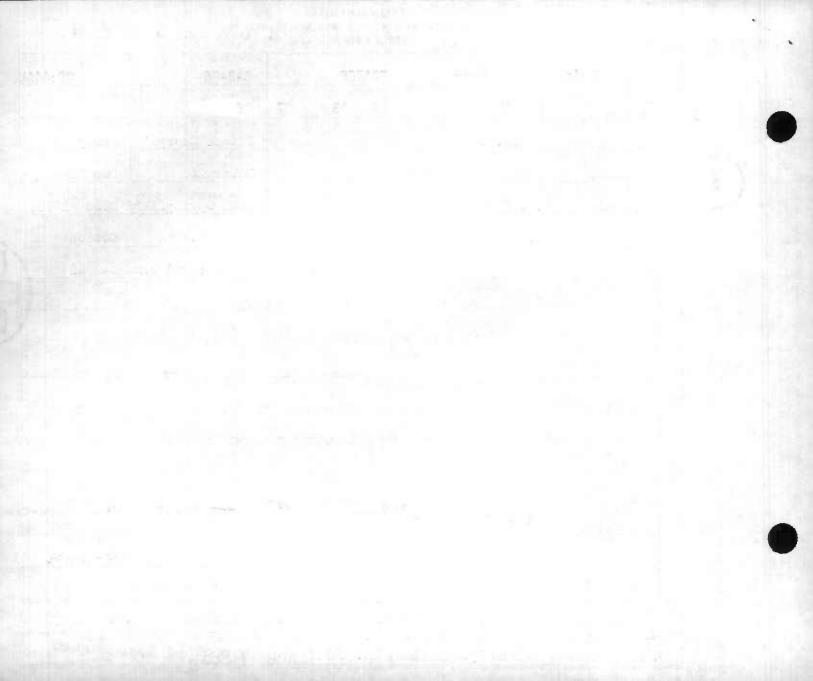
should be detached for use as the burial-training with the State Dept. of Health and Mental Hymens pring

IMPORTANT. If Hem 21 is morked or Item 18 in

OR ATTENDING PHYSICIAN. The lo

retained by the haspital or TO FUNERAL DIRECTOR. Af

BP.

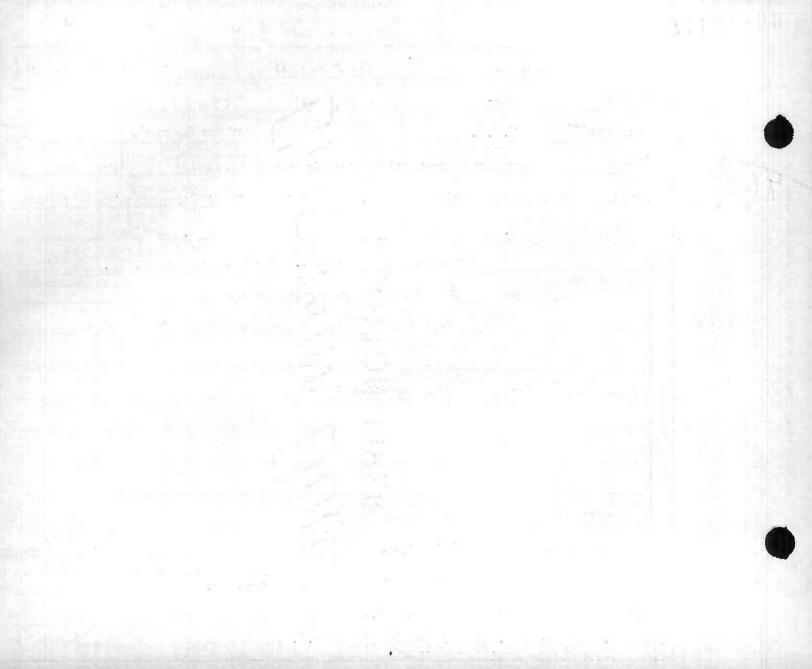


| 99- | 81707 | STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH OF | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| | 4 | 1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR | | | | | | | | | |
| | ay be ooge 3 death | | | | | | | | | | |
| | e 4 mc ctor, p | 3 SEX Male 4. RACE 5. DATE OF BIRTH O'NTH 20 7 PAR THUNDER 1 YEAR IF UNDER 24 HRS WONTHS DAYS HOURS MIN. | | | | | | | | | |
| • | A 100 A 1 | 76. CITIZEN OF WHAT COUNTRY? Washington D.C. USA 76. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED PRINCE GEORGE'S | | | | | | | | | |
| 100 | 11/ | 10. CITY OR TOWN OF DEATH CHEVERLY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PRINCE GEORGE 5 GENERAL HOSPITAL | | | | | | | | | |
| (B |) N35 | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE MANYLAND 136 COUNTY 137 LAWIE 137 LAWIE 138 INSIDE CITY LIMITS? 130 STREET ADDRESS 271P CODE 1470 Bramble 17-2 20708 | | | | | | | | | |
| MARYL | 1260 | 14. FATHER'S NAME FIRST ? MIDDLE GARNEST CLAUTE UNKNOWN | | | | | | | | | |
| TIMORE | De execu | 166 SOCIAL SECURITY NO. 17944 PT 1947 Tes) 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 579 26 4674 Dorothy Garner same as above | | | | | | | | | |
| AL RECORDS, 201 W. PRESTON ST., | he low requires that the death certificon. has been signed by the attending pharmers. Then please remove carbon present prior to buriol, cremation, or remotern injury, or other traumatic even | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio fulmonay and Canditions, if ony, which gave rise to immediate cause (b). Cardnary best desar [finally a considered to the cause (c) to the stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTR | | | | | | | | | |
| DIVISION OF VITAL | G PHYSICIAN: The otherding physicio ler this certificate I street out of times in the complete of the complete of the certificate of the certifica | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED OR CONTRIBUTION OCCURRED OR CONTRIBUTION OF COUNTRIBUTING OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED OCCURRED OCCURRED OCCURRED OCCURRED OCCURR | | | | | | | | | |
| | TO HOSPITAL OR ATTENDIN retained by the hospital or . TO FUNERAL DIRECTOR. Att should be detached for use a with the State Dept. of Health IMPORTANT: If them 21 is mon | 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN DIRECTOR PHYSICIAN DIRECT | | | | | | | | | |
| | TO HOSE retained TO FUN should b with the IMPORT. | 11-A-Malavi, M.D. 6005 Landover Kd. Chever 1x, 100 230. BURIAL, CREMATION, REMOVAL 230. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION | | | | | | | | | |
| | BP | burial Aug 23,1986 St. John's Episcopal Beltsville PG Waryland | | | | | | | | | |
| | DHMH - 16 60M 7/B4 (VRA 15, 4) | Ponaldson Funeral Home P.A. Laurel, Maryland Name Alig 25 1446 | | | | | | | | | |

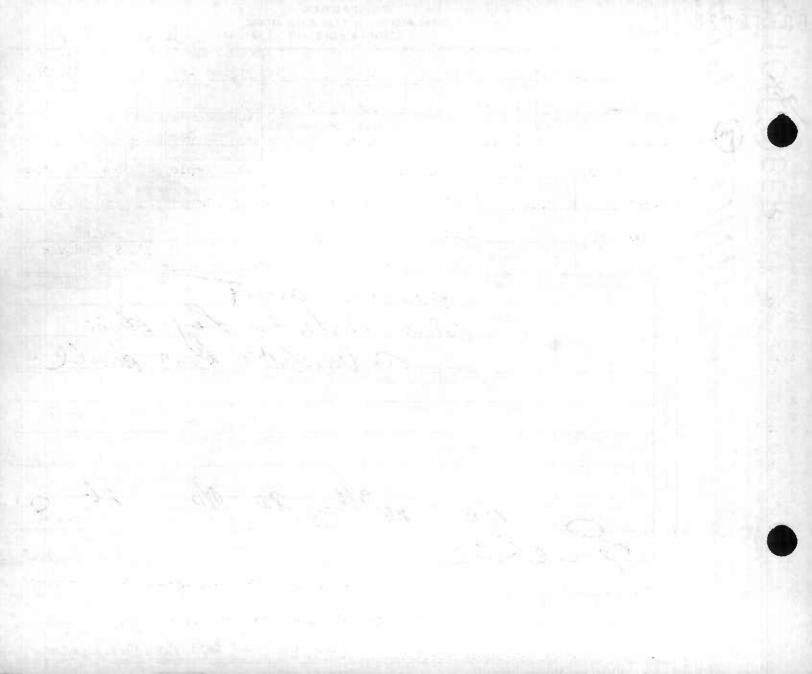
CHOCKED A Kend

Y

(VRA 15, 4)



| | | | | | | SIA | E OF MARYLAND | | | | | | |
|---------------------------|---------------|--|--------------|---------------------|-----------------------------|------------------|-------------------------------|---|------------------------|--------------------|--------------|------------------|---|
| -16028 | 1- | FOR STATE | | | DEPA | | HEALTH AND MENTAL H | YGIENE | 5 2 | 3 | 17 | 7 | |
| | 1. DE | REGISTRAR EASED NAME FIR | 12 | | MIDDLE | CLINII | LAST | | REG. NO. | ONTH DA | Y YEAR | 12h HOUR | |
| ay be bage 3 death | | OR PRINT) | | *** | (NMI) | Cor | tile | | ust 16, | | | | |
| pod , dec | 3. SE | | Lvato | RACE | (NPIL) | | OF BIRTH | | IN YEARS LAST BIRTHI | | UNDER 1 YEAR | 9:20P.M | |
| ofte | | | | | | MON | | 7, | | MÖ | NTHS DAYS | HOURS MIN. | |
| nus | 7a. BI | Male RTHPLACE (STATE OR FOREIG | | Caucas | WHAT COUNT | RY? 8 | ch 9, 1912 | 74 9 BALTI | MORE CITY OR | COUNTY O | DEDEATH | | |
| > tw | | OUNTRY) | | | | MARR | D NEVER MARRIED | | nce Geo | | | | |
| | 10. C | TY OR TOWN OF DEATH | | NAME OF | HOSPITAL NUI | WIDOV | DIVORCED OR OTHER INSTITUTION | | AL OCCUPATION | | | OF BUSINESS OR | |
| 3757 | | | | (IF NOT IN SUC | CH FACILITY, GIVE STI | REET ADDRESS) | | 1 | | WORKING LIFE) | INDUSTRY | | |
| | USU. | 11ege Park | OME OR OTH | | Dickinson Give Residence BE | | | Sei | f Emplo | yea | POMIT | ing Lanes | |
| 24 | 13a. S | TATE 13b | COUNTY | | 13c. CITY OR To | OWN | 13d. INSIDE CITY LIMITS? | | ET ADDRESS | | | 20740 | |
| 1 3 4 | | ryland | P.G. | | I Colle | ge Parl | YES X NO 1 | | O Dicki | nson A | Ave. 2 | 20740 | |
| 162 | | FIRST | MIDD | DLE | Contil | | FIRST | | MIDDLE | | Dane | | |
| 0 | | erdinand VAS DECEASED EVER IN U | S ARMET | D FORCES? | Gentile | | Mary 17 INFORMANT | - | ADDRES: | 5 105 | Rean | | |
| medic | (| (IF | | AR OR DATES) | | | | Dishaw | | 125 | | ndover Tur | Ι |
| the H | N | | | | | 0-3228 | Violet A. | Richar | d Rowi | e, Ma | . 2071 | | |
| aval aval | | 18 CAUSE OF DEATH (Er PART I. DEATH WAS C | AUSED B | ine cause per Y: | line far (a), (b) | , and ICI.I | la ou | Ve- X | | | BETWEEN | XIMATE INTERVAL | |
| remayo event, | | IMM | AEDIATE C | AUSE (a) | | 250 | not av | 1 | 1 | | - | | |
| Cord Cord To T | | | | DUE TO, O | R AS A CONSE | QUENCE OF | 106. | - | Lene | 0 | 200 | WEST COLL | |
| ption | | Conditions, if any, whi | | (b) | Chris | ME | 365/m | Tot ! | 1 | eu | acc) | | |
| crem other | | cause (a), stating t | he { | DUE TO, O | R AS A CONSE | QUENCE OF | .f. of | de | RL | - | / | 10 | |
| ial, c | | | _ (| (c) | | a | 120105 119 W | 10 | actual | 16 | Recei | 9 | |
| hen p to bur ylury. | N N | PART 2 OTHER SIGNIFIC | ANT CON | ADITIONS <u>C</u> | ONTRIBUTING | TO DEATH BL | T NOT RELATED TO THE TE | rminal disi | EASE OR CONDI | TION GIVEN | V IN PART 1 | ıa, | |
| prior ony it | CERTIFICATION | 19a. DATE OF OPERATION | | 19b. COND | ITION FOR WH | ON WAS PERFORMED | 200 A | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | | |
| ber ber | FIFE | | | | | | | | NOIX | IN CERTIFYI YES | | S OF DEATH? | |
| Hygiene 8 shows | CERT | 210. ACCIDENT WAS UNDERLYI | ING 🔲 | 21b. TIME C | | | 21c. HOW INJURY OCCI | _ | | | | | |
| | | OR CONTRIBUTING CAUSE | | HOUR A | .M. MONTH | DAY YEAR | BOX 0.1 | | | | | | |
| Mental or them | MEDICAL | 21d. INJURY OCCURRED | (MACIFICAL) | | OF INJURY | 17 | 21f. LOCATION | | | | | | |
| ond | W | WHILE NOT WHILE [| | (AT HOME, ST | REET, FACTORY, OFFI | ICE, FARM, ETC) | STREET | | CITY OR TOWN | 4 | COUNTY | STATE | |
| alth | | 22a. I certify that (I) (this | hasnital) | attended M | Se deceased for | im 4 | 3/6 10 | 10 | 0/12 | 16 | PA | that (I) we) ast | |
| of He | | saw the deceased all abave, (I) we) (did) | | DV | 1/ | A-1 | nd that in (my) aur) apinio | n death acci | urred on the date | e and haur c | and from the | | |
| D to E | | 22b, SIGNATURE | did nat) vi | ew the bady | after death. | | DEGREE | | | | | ESIGNED | |
| on the State Dept. | | Ola 0 | 6 | 17/ | 20 | | ATTENDING | MEDIC | AL STAFF | | | | |
| State State | | 22d PHYSICIAN'S NAME | LIYPE OR PRI | IND | Mil | | PHYSICIAN 22e ADDRESS | XXDIRECT | OR PHYSICIA | N L | Aug. | .18,1986 | |
| should be o | | The Fitte Dicinity of Name | TITLE OK THE | | | | | | Dw Dow | TTTT U | ata N | Maryland | |
| should be with the S | - | T. Chanchei | | | | | 8824 Cunni | | | wyn H | grs, r | naryrand | |
| | | URIAL, CREMATION, REM | | 3b. DATE | | | CEMETERY OR CREMATOR | | CATION CITY OR TOWN | | COUNTY | STATE | |
| | 24.5 | Burial | A | Aug.19 | ,1986 | Fort L | incoln Cemete | | | | | Maryland | |
| 16 60M 7/B4 | | INERAL DIRECTOR | | | ADDRE: | | 6.4 | 10 11 1 | Y REGISTRAR 25 | h REGISTRA | AR'S SIGNA | TURE | |
| /RA 15, 4) | F | . Gasch's So | ns F. | н. Р. | A. Hyat | tsvill | e, MarylandAl | של ביי טול | 1909 | when the | M. COLLINS | Caddella, | |



injury, ar other traumotic en

IMPORTANT: If them 21 is morked or them 18 shoms ony

00-16853

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | FOR STATE REGISTRAR | | | DEPA | | EALTH AND MENTAL HYGICATE OF DEATH | 0 | 2 3 S. NO. | 11 | 8 | |
|------|--|--|--------------------------------|------------------------|---|-----------------------------|--|----------------------------------|---------------------|---|--|--|
| | | DECEASED NAME FIRST BENJAMIN | | | MIDDLE LAST GLOVER | | 20. DATE OF DEATH | H MONTH | 28-86 YEAR | 6 :45AM | | |
| | 3. SEX | (| 4 RACE | | 5. DATE O | | 6 AGE (IN YEARS LAS | T BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS | | |
| | N | ale | | Black | | May | 3, 1908 TEAR | 78 | YRS | | HOURS MIN. | |
| 7 | | With Caro | | USA | WHAT COUNTE | RY? 8. MARRIED WIDOWE | NEVER MARRIED DIVORCED | PRINCE GEORGE'S COUNTY | | | | |
| 4 | CHEVERLY 11. NAME OF HOSPITAL, NURSING HOMES OF | | | | | | | | | LIFE) INDUSTRY | 12b. KIND OF BUSINESS OR INDUSTRY Construction | |
|) | 130. S | ryland | B COUN P.G | 11A | GIVE RESIDENCE BE 131. CITY OR TO Cotta | OWN ~ | 13d. INSIDE CITY LIMITS? YES 🖔 NO 🗌 | 4200 Bu | ss / zip co nker | Hill R | a9725 | |
| 0 | - | THER'S NAME FIRST Glov | | MIDDLE | LAST | | is. Mother's maiden na First Unknown | WIDDI | | Į.A. | | |
| 1 | | | MED FORCES? E WAR OR DATES) | 166 SOCIAL SE | | 17 INFORMANT | | | Stree | | | |
| | | NO | | 579035707 Margaret (| | | Margaret C | oran, Washington, DC 20001 | | | | |
| | | PART I. DEATH WA | S CAUSE | E CAUSE (a) | lepat | icen | | thy c | of Hear | BETWEEN | (MATE INTERVAL ONSET AND DEATH | |
| | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Due to, or as a consequence of Carcinoma of the Bluddar Due to, or as a consequence of Carcinoma of the Bluddar | | | | | | | | | | |
| 7.00 | NOIL | PART 2 OTHER SIGNI DILLESTI | | | | 6 | NOT RELATED TO THE TERM | | | | Disect | |
| 3 | CERTIFICATION | 8/4/8 | 6 | Inh | estina | 0 - 1 | hurfign due | YES NO | IN CER | YES, WERE FIND I TIFYING CAUSES YES [| NGS USED S OF DEATH? | |
| 2 | | 210. ACCIDENT WAS UNDE | USE OF DEA | HOUR A. | M. MONTH | DAY YEAR | -21c HOW INJURY OCCUR | RED (ENTER NATURE OF | INJURY IN ITEM 1 | 8 PART : OR PART 2) | | |
| | MEDICAL | 21d INJURY OCCURRE WHILE NOT WHILE AT WORK | D | 21e PLACE | OF INJURY REET, FACTORY, OFFI | | 211 LOCATION STREET | CITY C | DRTOWN | COUNTY | STATE | |
| | | 22a.1 certify that (I) (this hospital) attended the deceased from 0/08, 1986, to 08/28, 1986, that (I) (we) last saw the deceased alive an above, (I) (we) mid (did not) view the body after death. | | | | | | | | | | |
| | | 276. SIGNATURE SRUDAJO: DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | 8/2 | -8 86 | | |
| | | SHRIN | IVA | s. R. | UDAF | | | ndoverR | ed: Ci | reverly. | MD 20785 | |
| | É | URIAL, CREMATION, R SPECIFY) BUrial | EMOVAL | Aug/3 | 0/86 | 3c. NAME OF CI Harmor | | 23d LOCATION CITY OR TOWN Landov | er P | | ryland | |
| | 32 32 | 00 Rhode | M. Isl | Dudley and Av | & Son | s F. H Rainie | .ome | SEP 3 19 | AR 256 REGI | and a | TURE Dondates | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

II godini cos.

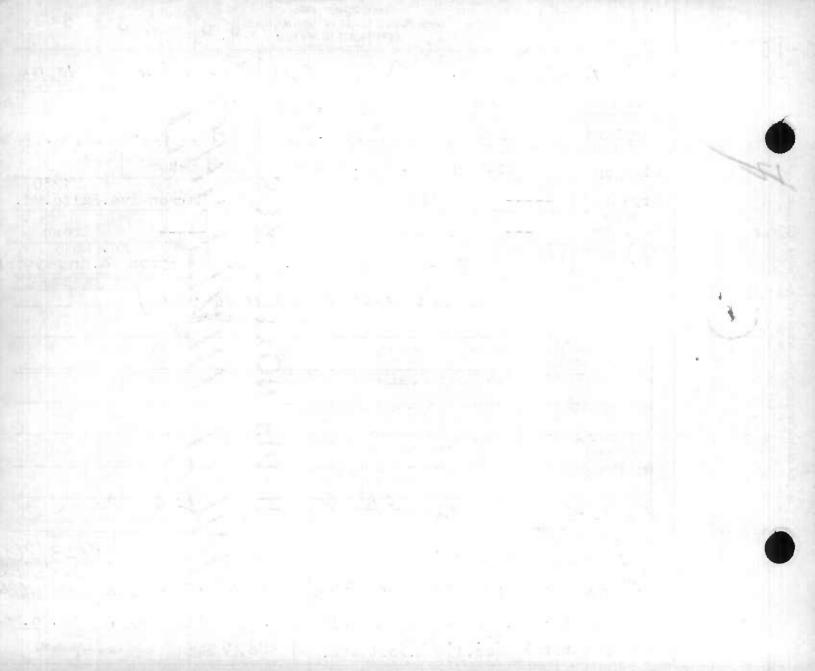
SPUL TO LET O

tales of the

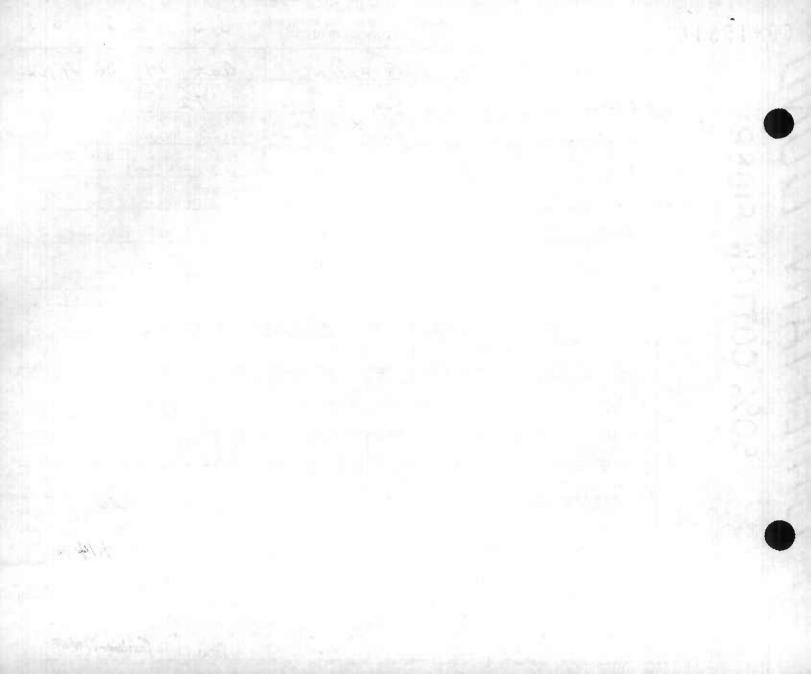
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECE ASED NAME 20 DATE OF DEATH 2h HOUR ITYPE OR PRINTI Alois **GOCKOWSKI** 5,1986 9:52P Louis August 3 SEX 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH HOURS Cauc. 1899 June 70 BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's DIVORCED [WIDOWED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Doctors Hospital of Pr. Geo Co (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham If-Employed Farming (Ret) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 6309 Cheswold Place NO Lapham Maryland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Trochowski Susanna Gockowski Jan ADBRS09 Cheswold Bl. 60. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b SOCIAL SECURITY NO. I YES. NO OR UNKNOWN) 477-14-8050 Jerome Gockowski Lanham, Md. 20706 Unk. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), I PART I. DEATH WAS CAUSED BY: MINU IMMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting Aspiratian underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IN DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21f LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a.1 certify that this haspital attended the deceased from , and that in (my) our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not view the body ofter death 226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Silver Lake, Minn. St. Adalbret Cem. Burial 24 FUNERAL DIRECTOR Rendon/Hale Lanham Fun 1 Home DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Lulia Davidson Annapolis Rd. Lanham, Md. 20706 (VRA 15, 4)

Enweller community Likeweston III Mary 180 , adult this end of the con-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH I. DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) AAMIT B. 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE April 4, 1907 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland TISA Prince George Co.Md. WIDOWED DIVORCED [] I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Southern Md. Hosp. Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY llinton SUAL RESIDENCE (IF NURS NO HIGHE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21230 13a STATE COUNTY Baltimore 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Harmon Ave. Balto . Md. 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE John Skinner Nellie Brown Md.20613 166 SOCIAL SECURITY NO. 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? (YELTHO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ruth D. Early, 9205 Dyson Rd. Brandywine 220-24-5649 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: Menocorcenomos IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO I 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (Lighis haspital) attended the deceased from that in any least opinion death accurred on the date and hour and from the causes stated lew the bady after death DEGREE 22c DATE/SIGNED DATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d. LOCATION Holly Hill Cemt. White Marsh, Balto. Co. Md BP. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto.Md.21230 1 Home, 130 E.Fort Ave. DHMH - 16 60M 7/84 McCurily Funeral - wireydown jandelle (VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH DECEASED NAME CTYPE OF PERSON. VILMA GREGORY 8-1-86 12.30P M IF UNDER 1 YEAR 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY 4 RACE 3. 5EX Caucasian Female April 18, 1927 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE USA Pennsylvania DIVORCED CHEVERLY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCESUGEORGES GENERAL HOSPITAL Homemaker STATE AT STEEL THE RESERVE OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1136 COUNTY 1136 CITY OR TOWN 20715 3607 Mabank Lane YES XX NO Ma2yland Frince George Bowie 15. MOTHER'S MAIDEN NAME 4. PATHER'S NAME MIDDLE Dillon Sarah Lvtle Clarence 3978 Second St. S.W. Ide WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (HE) NO CE LAWNOWN! I LEVEL ONE WAS CRIMITIA Washington D.C. 195-22-1391 John A. Maicco no APPROXIMATE INTERVAL IN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ebsis and neumnia Conditions, if any, which gave rise to immediate course in stating the DUE TO OR AS A CONSEQUENCE OF underlying cause fast OTHER SIGNARIANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 WAYP 20b. IF YES, WERE FINDINGS USED WE DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) TIG ACCIDENT WAS UNDERLYING [7] ZIN TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF CHAIN OF EITHER NOTHY MEDICAL EXAMINERS 211 LOCATION 214 INJURY OCCURRED He PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET PACTORY OFFICE SARM ETC.) 17s.1 certify that (I) (this baspital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 RIPSICIANIS NAME THE CA Sulfand Md D a 4700 AUTh 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 73s BURIAL CREMATION REMOVAL 236 DATE Altoona, Blair, Pennsylvania Aug 4 1986 Greenwood Cemetery Burial 16000 Annapolis Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Bowie, Maryland Home Beall Funeral (VRA 15, 4)

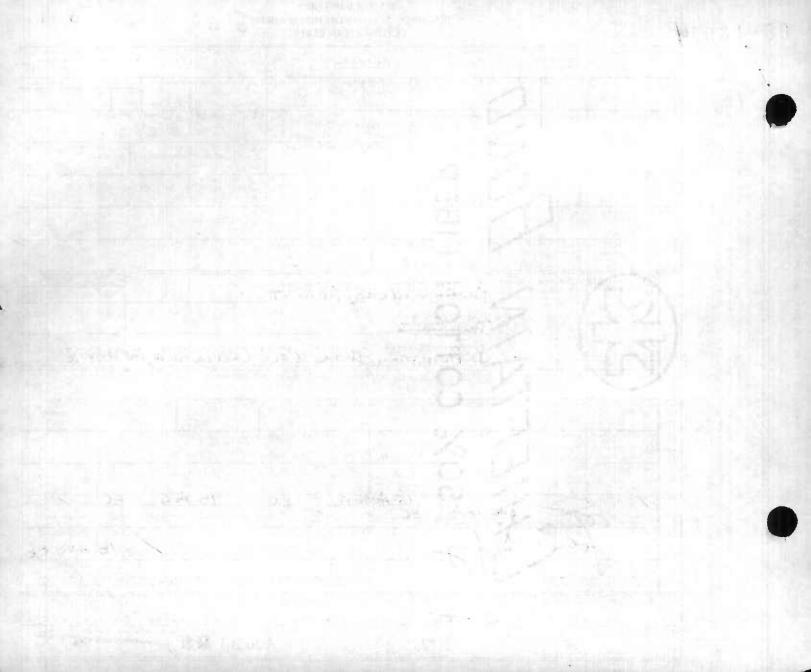
PRISE VI COMMUNICAM ACREST 18 1997 1 59 AEU AEU Atheriyannal Turkles holt Sylvan Frince Deerse Dowle Sovie South Mahank Lane 2011 The same and the second at the -22-13 woll water Washington D.C.

lurini ... h 1960 Grasmood Jesuszy Altoom, Blair, emmaylyanin Lucis amepolis id. Bonil somerni Home ... Bowis, Maryland ... h helder of the state of

| | | FOR T- STATE | | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MER CERTIFICATE OF DEA | NTAL HYGIENE 5 2 | 3 / 8 3 |
|---|---|--|---|--|---|---|
| 1510 | toot | A Barrier William Control of Control | RST MIDDLE EPHINE | GRIFFIN | REG. NO. 20 DATE OF DEATH MONTH August 10, 19 | 10 |
| de 4 may | 4 | FEM. | BLK | 5. DATE OF BIRTH MONTH BAY JAY JAY JAY JAY JAY JAY JAY | | IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| Broth P. | 35 | UNITEMARSH | V.S.A | | RCED Prince Georg | |
| 101 n other o | 13 | Lanham | (IF NOT IN SUCH FACILITY | AL, NURSING HOME OR OTHER INSTITU (, Give street address) s Hosp. of Pr. Geo | TYPE OF WORK FOR MOST OF WORK | 121. KIND OF BUSINESS OR INDUSTRY |
| LAND 212 | 36 | 3a STATE | HOME OR OTHER INSTITUTION, GIVE RESI | YOR TOWN 136. INSIDE CITY YES NO | 0 □ 7002 Er Rid | GEDR-0/85 |
| F, MARY | 160 | TOSEPH 160 WAS DECEASED EVER IN | MIDDLE GR | IFFIN HAR | AIETTE MIDDLE | BROOKS |
| TIMORE be sme | - Poge | | F YES, GIVE WAR OR DATEST | 7-10-5284 m TRE | ENE CARR-SAME | AS 13 e |
| 201 W. PRESTON ST., 84 es that the death certifical sed by the attending physi- | please remove corbon pap rial, cremation, of remate or other troumatic event, | Conditions, if any, we gave rise to immedicate (a), stating underlying cause | DUE TO, OR AS A Colors. (c) | ONSEQUENCE OF COMME | and Pauce by auch | APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH |
| AT RECORDS, The last last last last last last last last | over gary injury | No DATE OF OPERATIO | | OR WHICH OPERATION WAS PERFORM | THE TERMINAL DISEASE OR CONDITION 200 AUTOPSY? 20b. II N. CE | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| DIVISION OF VITA | or thousand the | 710. ACCIDENT WAS UNDERLOR OR CONTRIBUTING CAU LIFETHER NOTIFY MEDICAL 716 INJURY OCCURRED | SE OF DEATH HOUR A.M. MI | ONTH DAY YEAR 19 | RY OCCURRED (ENTER NATURE OF INJURY IN ITEA | A 18 PART I OR PART 2) |
| INISION MG PHT ME THE | hand M | 216 INJURY OCCURRED | LAT HOME STREET EACT | ORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| TTENDIN phal or CTOR, A | of Health | 220 I certify that (I) (the | / P. AK | sed fram 19 , and that in (my) (au | 19, ta or) apinian death accurred an me date and | hour and fram the causes stated |
| AL DIREC | detoched ate Dept T. II Nem | 276 SIGNATURE | Hu | DEGREE ATTE | ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN | 8.1018G |
| 5 HOSPIT TO FUNER | APORTAN | CIRO D | MUNTOKEZ | MD 35 OC DO | odge PK Rd - l | andre UD |
| BP | -131 | 230. BURIAL, CREMATION, REA | NOVAL 236 DATE 8-14-85 | | MATORY 234 LOCATION WEN HIGH AND | 1 PK Md |
| | 6 60M 7/84 15, 41 | 24. FUNERAL DIRECTOR | lunctory + | SON-BIAVEN | AUG 12 1986 | GISTRAR'S SIGNYLLIA |

White makes a sure of the sure Benzine ner Part of Party and the State of LEAR BROOKS BROOKS STEET STORY IRETTE CARRESPARE AS 13 C alema Description of Famericas Competence franch Residence Trucker trypicalize and अंद्र का मिल के रूप कर हर कार्म 10 हर 321018 Out 12 Monthager 1412 33 or Ender PK Fol - Condmunter E MILE SOFT TO SPENIES WENT HINGARD PRO HIS STEEL STREET LOOK OF THE STREET STREET STREET STREET STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH [TYPE OR PRINT] VIVIAN HELEN Griffin 18, 1986 1045pm August 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH Female White March 16, 1927 59 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George Co. Washington USA WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11/ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Andrews, Air Ford Malcolm-Grow Medical Center Home Maker Own Home 13e STREET ADDRESS / ZIP CODE Maryland Charles Bel Alton 20611 NO X Box 324 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Linberg Waclusky Edward L. Vivian M. 17 INFORMANT (Husband) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (IF YES, GIVE WAR OR DATES) No 115.18.1205 Robert B. Griffin Same as 13 18 CAUSE OF DEATH (Enter only one couse per line for CARDTOPULMONARY ARREST PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF DEPNEUMONIA Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC/ 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC) CITY OR TOWN NOT WHILE Feetily that It this hospital attended the deceased from 15 and that in (my Cour ppinion death occurred on the date and hour and from the causes stated 25 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be JOHN T DEJONG MALCOLM GROW USAF MED CEN, ANDREWS AFB MD 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 73h DATE 236 NAME OF CEMETERY OR CREMATORY 1986 Maryland Vet. Cemetery Crownsville, Burial AA Co. Maryland AUG 2 1 1836 DHMH - 16 60M 7/B4 (VRA 15, 4) Singleton Funeral Home GLen Burnie, Maryland





The months of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

08/30/86 Burial Parklawn Cemetery 24 FUNERAL DIRECTOR F. Gasch's Sons Funeral Home, P.A. Hyatts, Md. (VRA 15, 4)

(SPECIFY)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Rockville

REG NO

25 HOUR

6:55

Own Home

20712

APPROXIMATE INTERVAL

NO I

STATE

(Unavailable)

IF UNDER 24 HRS

IF UNDER 1 YEAR

delia Knindson Randelle

Montgomery Md.

22c DATE SIGNED

Aug. 28, 1986

YES [

COUNTY

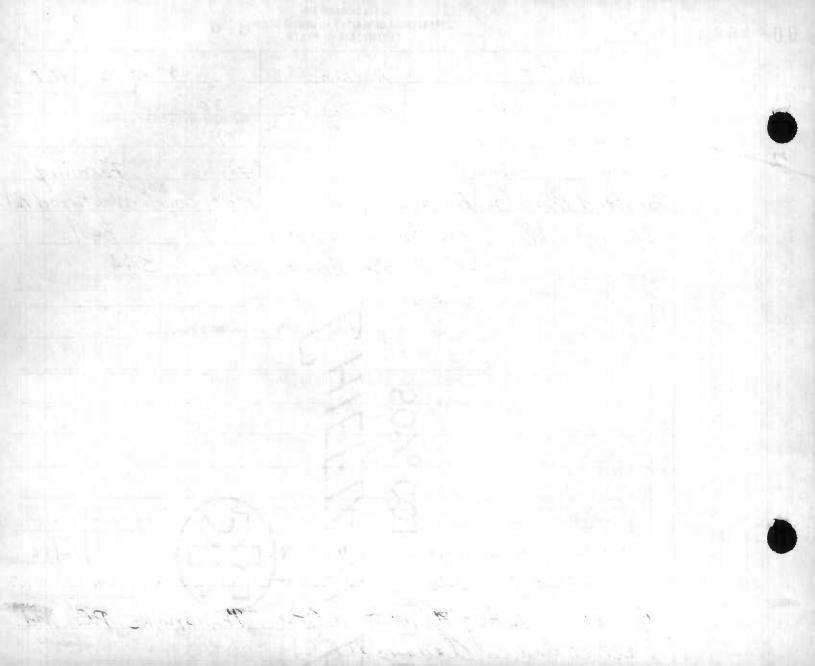
DHMH - 16 60M 7/B4

- STATE

REGISTRAR

elebers that sales is August 19. 1986 Jongton Hove T. 1967 76 4 1 Massachunetts UNA Prince Cooper's Courty s ved 20 January and the second second second second Record Select Bures, are nearly collect proposition OLIGHER MANAGER A LINE OF BRIDE CONTRACTOR OF SERVICE CONTRACTOR O in. John J. Baiger V. .. Citi comed-levis from Bowle, Maryland 2011 June 1 Park of the product House Department Lights Course Meant III. Fault Fun ret Boss | Dosse, Mr 20713-3063 | Fault Fun ret Bosse, Mr 20713-3063 | Fault Fun ret Bosse, Mr 20713-3063

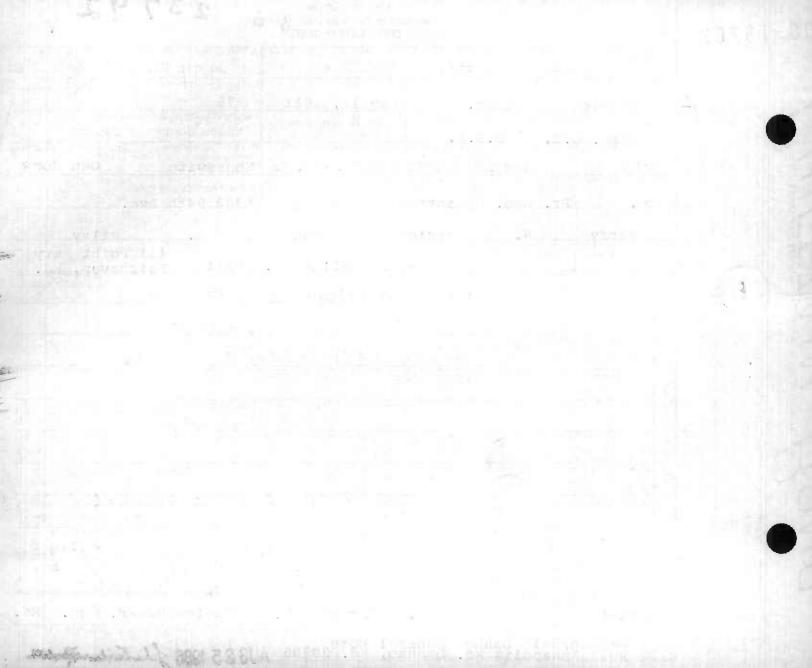
| | 1 | | STATE OF MARYLAND | | 0 7 7 0 | A |
|---|-----------|---|---|------------------------------|-------------------------------|----------------------------|
| -15833 | 1. | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH | HYGIENE 6 | 2 3 / / | 38 |
| | | CEASED NAME FIRST | MIDDLE LAST | | | HOUR |
| 2 50 | (107) | DANIE | l Hawkin | | 8 10 86 | 11 P M |
| 6 8 4 | 1, SE | | 4. RACE 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIR | | UNDER 24 HRS. OURS MIN. |
| 4 990 | | M | B MONTH DAY YEAR | 80 | YRS. | DUKS MIN. |
| 8 40 0 | 70. B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED | 9. BALTIMORE CITY O | OR COUNTY OF DEATH | |
| | | maryLANd | USA WIDOWED DIVORCED | D PG | | MD |
| 11 am | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT BY SUCH FACILITY, GIVE STREET ADDRESS), | 120. USUAL OCCUPATI | | USINESS OR |
| 33 10 | 0 | livton | Clinton Conv. Center | Framer | Farmi | na. |
| 12 4 6 | USU 13 | AL RESIDENCE (IF NURSING HOME OF | | ? 13e. STREET ADDRESS | 20613, | 1 |
| 設し | M | muland Frin | ce Jed Brandy wine YES & NO [] | 13099 Ba | den-Westwa | ood Ke |
| The An | 14 F/ | ATHER'S NAME | 15 MOTHER'S MAIDEN | NAME | 0 111 | |
| 160 | | Daniel V | V. Hawkins Laure | · Model | Bell | |
| 9 1 9/ | | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT | ADDRE | SS | |
| 10 1/ | | (11 123, 07 | 215-38-3656 AMY H | awkins | SAA | |
| to de la constant de | | 18 CAUSE OF DEATH (Enter of | nly one cause per line for (a), (b), ond (c) | | APPROXIMAT BET WEEN ONS | E INTERVAL ET AND DEATH |
| 400 | 100 | | (TE CAUSE (0) Cardiorespiratory and | inf- | | |
| 0 0 0 H | | | DUE TO, OR AS A CONSEQUENCE OF | | | |
| 100 | | Conditions, if any, which | ((b) camer of prostate with | netastas | ni | |
| 100 | | gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUENCE OF | | | 1787 |
| 10 of 0 | | underlying cause lost. | (c) | | | |
| o form | z | PART 2 OTHER SIGNIFICANT | CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE T | ERMINAL DISEASE OR CON | DITION GIVEN IN PART 110 | |
| 1000 | ATHON | 19g DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS | LICED |
| 1119 | FICATI | THE DATE OF CHERATION | THE CONDITION OF WHICH OF ENAMED | | IN CERTIFYING CAUSES OF | DEATH? |
| 144+ | CERT | 21a. ACCIDENT WAS UNDERLYING T | 216 TIME OF INJURY 21c HOW INJURY OCC | YES NO | | 40 🗍 |
| 12 29 | 10 | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH DAY YEAR | TENER TORE OF INJU | The same of the same of | |
| 800 # / | OIC | 216. INJURY OCCURRED | P.M. 19 21e. PLACE OF INJURY 211 LOCATION | | | |
| 177 | M. | MALE O NOT WHILE O | (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET | CITY OR TO | OWN | STATE |
| 1 1 | 1 | | | | | |
| 1 ± 1 | | saw the deceased alive or | nital) attended the deceased from | on death assurred on the d | ate and haur and from the cau | t (1) (we) lost |
| 20 N | | obove, (I) (we) (did) (did no 22b. SIGNATURE | at) view the body ofter death. | ion death occurred on the Bi | | |
| 200 = | | Pimole le | DEGREE M.D. ATTENDING | S MEDICAL STAI | FF 22t. DAJE SIG | |
| 1 1 1 X | | | PHYSICIAN | DIRECTOR PHYSIC | IAN O 12 | 186 |
| Man A Man | | Dr Pimolyan | | ale Bd #102 | Riverdale, MD | 20737 |
| 0048 | | | | | rereate, MD | 20131 |
| | 73e.) | HURIAL, CREMATION, REMOVAL | 11/1 19/01/20 -11/10- | 23d LOCATION | COUNTY | STAJE / |
| | | burial | V6 AUG 86 CHRIST CH. CEM | BRANDY | WINE P.G. | Md. |
| 16 50M 4/B2 | 41 | INERAL DIRECTOR | 1 1 ADDRESS 7. 200 25a. | DATE REC'D. BY REGISTRAR | 256 REGISTRAR'S SIGNATURE | مالاما |
| A 15, 4) | 1/ | ractell la | Cames (Chilles CN/KK "Co A | U6 2 0 1986 4 | remar Deviredoon-1944 | |



| | | | | | STATE OF MARYLAND | | 1 | a I |
|--------------------------|--|---------------|--|--|---------------------------------|---|--|-----------------------|
| | | 11. | FOR STATE | DEPARTM | ENT OF HEALTH AND MENTAL HYG | SIENES 5 | 231 | 7 |
| nn. | -15190 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 1 | |
| | 10100 | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MO | NTH DAY YEAR | 26 HOUR |
| | oy be | (146) | JERO | OME HA | WKINS | AUGUST 1 | 3 1986 | 7:37A _M |
| | pog pog | 3 SE | X | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | | **** |
| | ctor. | 100 | malo | Negroid | 2 -19- 50 | 59 | MONTHS DATS | HOURS MIN. |
| | Page dire | 16.0 | BTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. | 9 BALTIMORE CITY OR C | OUNTY OF DEATH | |
| | neral in 72 in 72 in | 3 | riginia | U.SA. | MARRIED NEVER MARRIED | Prince Geo | rge's | MD. |
| | 1 2 4 D | 30 € | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | G HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION | 126 KIND C | OF BUSINESS OR |
| 102 | S of | | Lanham | | al of Pr. Geo. Co. | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOVE OF WIT | RKING LIFE) INDUSTRY | 11-2 14 |
| 213 | Poor I be | 130 | AL RESIDENCE (IF NURSING HOME OR | OTHER INSTITUTION, GIVE RESIDENCE BEFORE | | 13e STREET ADORESS / ZI | P CODE A-18 | 2/40 |
| AND | | 1 | Md. Hinc | se George's - | YES NO | 213 Peppe | r 11/11 K | sad |
| RYL | 1 200 | P | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | WE | . 1 | ST. |
| W. | 1 10/1/ | 16 | -undy | - Hawki | ns Jarah | | Harris | 'an |
| RE | 1 24 27 | 16a. \ | | MED FORCES? 186 SOCIAL SECUI | RITY NO. 17 INFORMANT | ADDRESS | . 0 | 20211 10 |
| IMC | 1 14 1 | | MOES | -wwit 22634 | 8758 Edith Ha | WKINS 21 | 3 Hepai | - MAI Rd |
| SAL | 8 2 8 7 F | | TA CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE | ly one couse per line for in (b), and | 1 tall | 11/12 | BET/WEETS | CHOST AND DEATH |
| 15 | of the second | | MART L DEATH WAS CAUSE | | espurity) | muy | 1 | |
| Z | at a good of a | | | DUE TO OR AS A PONSEQUE | NCEO A A | Luca. Va | 21 | |
| EST | dent form | | Conditions, if any, which | 1 mlnth | menyingu | un, un | 1 | 711 |
| 2 | 4 4164 | | gove rise to immediate couse to a stating the | DUE TO DRAS ACOUSTING | los he laston | 11/1m | | |
| W | that bose of, cr | | underlying couse last. | 1 July 2 | ranzingh | SOM CHIZ | | |
| 5, 20 | Se plane | - | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO D | EATH OUT NOT RELATED TO THE ERM | INAL DISEASE OF CONDITI | ON GIVEN IN PART TO | 00 |
| SK . | 1 11 1 | é | moren | mmer | muning | | | |
| DIVISION OF VITAL RECORD | 4 4 4 | CERTIFICATION | THE DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 70s AUTOPSTT 70 | IL IF YES, WERE FINDS CERTIFYING CAUSES | NGS USED OF DEATH? |
| AL | 28 19 12 | 18 | | 1 | V | YES NOWN | YES [] | NO 🗆 |
| > | A THOUGH | | OR CONTRIBUTING CAUSE OF DEA | The second of th | Y YEAR ZIE HOW INJURY OCCUR | RED (ENTER NATURE OF HIGHE) PO | CEM TE PART (OR PART II) | |
| Ö | 30 804 17 | CA | FU BUTTER, NOTUP MEDICAL EXAMINER | P.AL | 19 | Mr. 36-13 | | |
| Sio | 14 19 9 | MEDICAL | 214. INJURY OCCURRED | 21s, PLACE OF INJURY (AT HOME, LIMIET, FACTORY, OFFICE-FA | PALEIG STREET | CITY OF TOWN | COUNTY | STATE |
| > | of the state of th | 1 | ALMOR D HOLMAN | | 2110 01 | 1 0 - | 01 | |
| | 00 4 10 5 | | | tal) at oded the deceased from | 21 00 10 0 | 0 10 1113 | 10 10 | that (I) (we) last |
| | A 55.0 5 | | saw the deceded aire on obose 17 he (did) (did no | tiview the body after death. | | death occurred on the date | and hour and from the | courses stated |
| | St. March | - | SID SIGNALIBE | 1 11/400 | DEGREE | | 13/h/15 | 7 9 PM |
| | A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | Times | 1. VOVE VVI | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | a KI | 8/10 |
| | HOSPH FUNE FUNE CRAN | | 224 PHYSICIAN'S NAME THE O | e Phinti | 22e ADDRESS | | | |
| | DH CO H BA | | Lewis H. Denn: | is, M.D. | 831 Univ. B | lvd E., Silve | r Spring, | Md. 20903 |
| | 百克 电电子图1 | 23a. I | BURIAL CREMATION, REMOVAL | 236 DATE 1236 N | AME OF CEMETERY OR CREMATORY | 23d LOCATION | > conv | / STATE / |
| | BP | | Burial | 18/16/86 H | armony Cem. | - // | ince George | 5 Md. |
| | DHMH - 16 60M 7/84 | 24 F | INERAL DIRECTOR |) a lapphin | - Parl O 1250 DAT | E REC'D. BY REGISTRARIYE | SISTRAR'S SIGNAT | THRE |
| | (VRA 15, 4) | 6 | alvin Bid | 1495 1412 | tillstenot. | W614 H | me handon | N. S. |
| | | | | / / | | - | - The state of the | 1 |

. 14





STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

P. O. Box 156 Huntt Funeral Home Waldorf, Md. 20601

8/14/86

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Christ Church Cem Accokeek, Pr Geo. Md.

COUNTY

22c. DATE SIGNED

8/12/86

25 HOUR

126 KIND OF BUSINESS OR

Paper Co.

6: 15PM

IF UNDER 24 HRS

weeks to our the state of the same of the same Talel Courseins June 22, 1885 87 To Material Comments of the Comment cl. ceshington . L. cabicatan Ashab. Untr Mandant . Landonides Ciads V annuling and 11115ar XX sections of the large value of control attion contains while is torical Enventore and mi - allines gratter protes Mich . an marginality | English AAVES by nuterings to be 28744 surfed certain plants and specie for the first the first to. BIR III . II . II Number of the state of the stat

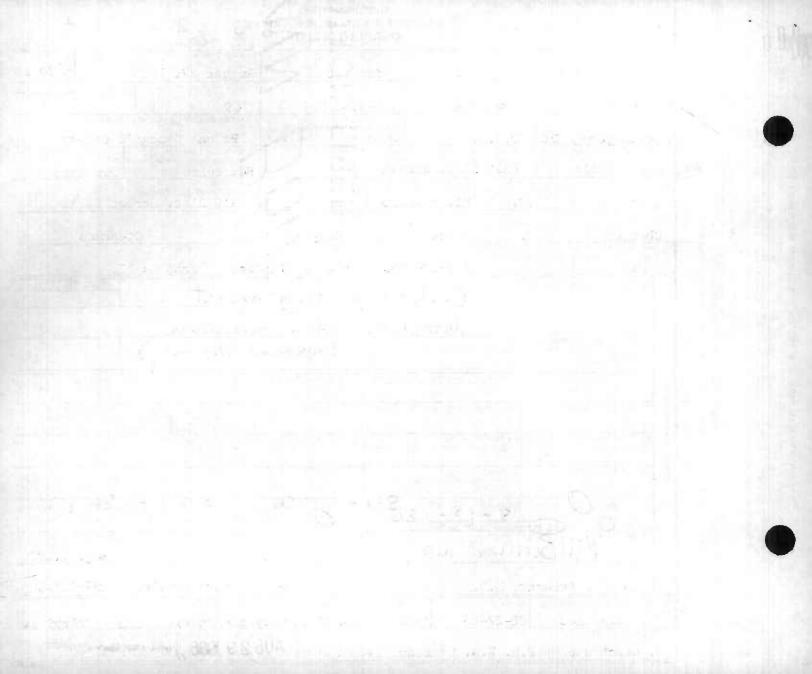
| 10-1 | 7176 | 1. | FOR STATE | DEPARTI | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY | GIENE 6 2 3 | 194 |
|---------------------------------------|---|---------------|---|---|---|--|--|
| 10 1 | 1110 | L | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| | m 4 | | CEASED NAME FIRST OR PRINT) | MIDDLE | LAST | The Division of Devices | DAY YEAR 26. HOUR |
| y b | poge 3 | | ANTHO | | HERBERT | AUGUST | 28 1986 9:40A _M |
| 1 E | fler of | 3. SE | X | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER I YEAR IF UNDER 24 HRS |
| 10 % | ors o | | Male | Black | July 6,1893 | 93 YRS. | |
| 000 | 2 hou | 10-8 | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED MEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| deort | 2 2 | | Md. | U.S.A. | WIDOWED DIVORCED | Prince George' | S MD. |
| ie. | the to | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | IG HOME OR OTHER INSTITUTION ADDRESS) | 170 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 100 | 20 00 | | anham | Doctors' Hospita | al of Pr. Geo Co | Cook . | Hospital |
| 124 hou | filled in ould be | 13a. | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE | (N 13d. INSIDE CITY LIMITS? | 136.STREET ADDRESS / ZIP CODE 10711 George | N. Palmer Hwy |
| YYLA uthin | Ver Shy | 14. F. | THER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | ME | |
| MAS ed ~ | and Car | | Leonard | J. Herbert | Theresa | Ann | (Unknown) |
| RE, | dicol | | VAS DECEASED EVER IN U.S. A | RMED FORCES? 16h SOCIAL SECU | | ADDRESS Lar | nham, Md. |
| IWO | ond | ' | Yes WW | I 579-30- | 2345 Yvonne Jon | es-10305 Diabl | |
| PRESTON ST., BALTIMORE, MARYLAND 2120 | event, the | | PART I. DEATH WAS CAUS | inly ane cause per life for (d), (b), an ED BY: (TE CAUSE (a) | (Willy alle | 15 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| RESTON Control | e offe min | | Conditions, if any, which gave rise to immediate | DUE TO, OR AS A CONSEQUE | LEAUTU Neut | distry | Yeixh |
| | ed by the please re rrial, crem | | couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE | | una ber er of courte var | EN INCOME. |
| ORDS, | it. Then ior to bu | CERTIFICATION | 190 DATE OF OPERATION | " I The | DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED OPERATION WAS PERFORMED | how Tobun | S, WERE FINDINGS USED |
| DIVISION OF VITAL RECORDS, 201 W | hysicion. Icote hos bi ronsit permi Hygiene pri | | 210. ACCIDENT WAS UNDERLYING | | | IN CERTIF | YING CAUSES OF DEATH? S NO |
| V V | certificate riol-transi entol Hygi them 18 sh | | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH DA | AY YEAR | Control of the contro | ATTOTPHT 2) |
| YSK | × × 0 × 0 | MEDICAL | 116 EITHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 211 LOCATION | | |
| VISI G Pt | ond ond | X | WHILE NOT WHILE I | AT HOME STREET FACTORY OFFICE, F | ARM ETC) STREET | CITY OR TOWN | COUNTY |
| <u>a</u> | se os se ost mor | | | ital ottended the pageosed from_ | 12/24 1967 | 10 9 4/20 | 19 60 , that (It (we) last |
| A. Z. | TOR for u of He | | saw the deceased alive a | 1 14 19 | and that in (my) (vor) opinian | death accurred an the date and hou | |
| OR A | DiREC oched Dept. | | 22b. SIGNATURE | ot) view the body at le death. | DEGREE ATTENDING | MEDICAL STAFF | JR. DATE SYNED |
| TAL | NERAL be dete e Stote | - | 22d PHYSICIAN'S NAME (TYPE | ON BRIDE | PHYSICIAN [| DIRECTOR PHYSICIAN | 10/14/10 |
| TI HOSPIT | TO FUNERAL should be deri | | Frederick 1 | n. Wilhelm, M.D. | 5807 Ann | M Mar Pilyan | ~ HOULD MALL |
| - | 3P | 230 | URIAL CREMATION, REMOVA | | D. NATE. WEN. PS | 23d LOCATION CITY OF TOWN CIT | COUNTY als STATE |
| DHA | AH - 16 60M 7/84 | | INERAL DIRECTOR | ADDRESS | 25a DA1 | TE REC'D. BY REGISTRAR 256. REGIST | |
| | (VRA 15, 4) | 14 | S. WASHINGTON V | L SONS 4925 BU | ALCHENS AVE. N. S. | P4 1006 Julian | and a state of the |

The My commenced between the first and the selection of

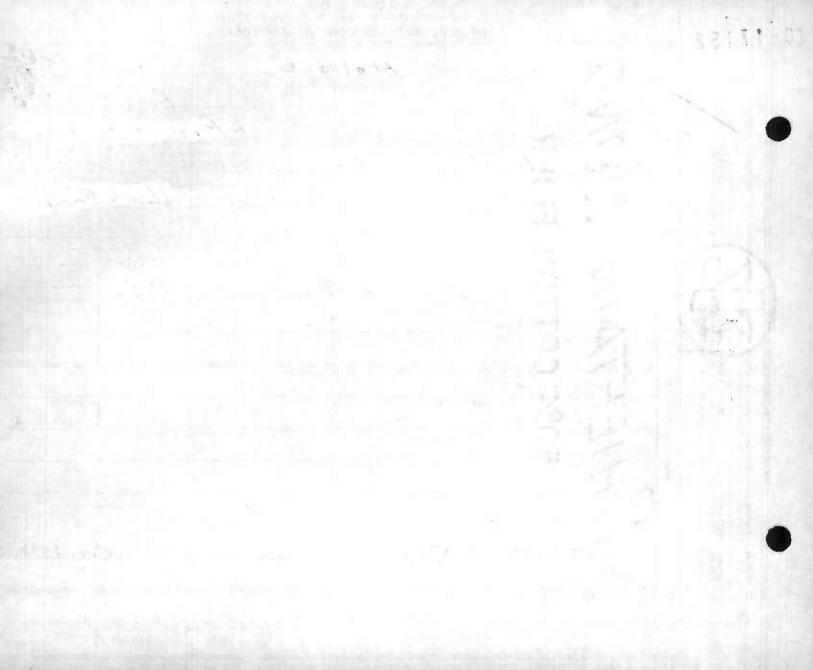
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR I. DECEASED NAME KNOWN (TYPE OR PRINT) DEATH MATED 4 RACE DATE OF BIRTH IF LINDER TYR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 20 66 DEAD YRS RTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WOOK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Malcolm Grow Medical Center Retired Self-Employed Camp Springs UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONA 30 STATE Pr. George 2604 Holly Dr. 20744 t. Washington 13d INSIDE CITY LIMITS? Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE George E. Maggie Hinzman Chewning 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS LYES, NO OR UNKNOWN 232-24-3892 same as item 13 yes Neta E. Hinzman 18 CAUSE OF DEATH (Enter only one cause per lift far (o), (b), and (c) eno menotic cardiovos culos dinase PART I DEATH WAS CAUSED BY: DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO T 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Te PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY FUNERAL DIRECTOR: ER DEATH, WITH THE 22a I certify that I took charge of the remains described above, held an and in my apinion death resulted from: Homicide Natural causes Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRES 5009 Rayburn Ct , Temple Hills, MD Augusto P. Rodriguez, M.D. TYPE OR PRINT 8/23/86 Little Arlington Cemetery Burial Elkins W. V2. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** his Davidson- Frandalle G.P. Kalas 6160 Oxen Hill Rd. Oxen Hill, Md. (VR A15 ME (5))

12.01 _ file on the file of th From Collins . Prince become -the borden process for the world mission are bright in George it, amiliarten I Section Sally In. 2006 adina Hi district di anno di anto di a Ten mati wa aran arawanin .E sta" (2012 - 1-25) Zuit and Andrew a sell- and the color of the color of the color The state of the s ing a section of the G. . Inlum Ciff Coon Hill Rd. Us on Hill, Ed.

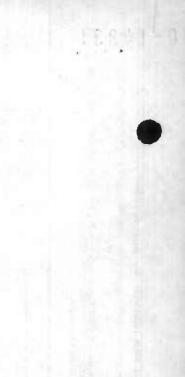
| | | FOR STATE REGISTRAL | 2 | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GIENE 2 | 3 / | 9 6 |) |
|--|---------------|-------------------------------------|--|--------------------------|--|------------|--|---|-----------------------|------------------------|---|
| 16877 | | I. DECEASED NA | ME FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | b HOUR |
| poge 3 | | (TIPE OR PRINT) | Anne | | J. | Hit | affer | August 27 | , 1986 | 10 | 5:30 4 |
| | | 3. SEX | | 4 RACE | | 5. DATE (| | 6 AGE (IN YEARS LAST B | RTHDAY) IF UP | | IF UNDER 24 HRS |
| Poge 4 r | 1 | Female | | Cauca | sian | | 08-1917 | 69 | YRS | h3 DATS | MIN MIN |
| | 12 | 70 BIRTHPLACE | (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | DEATH | |
| nerol . | # / | Washing | ton, DC | U.S.A | | WIDOWE | | Prince | George's | Count | V A |
| s ofter d by the fu | 30 | Mt. Rai | N OF DEATH | 11. NAME OF | HOSPITAL, NURSING CHEACHITY, GIVE STREET 31st. Str | ADDRESS) | OR OTHER INSTITUTION | 170 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife | OF WORKING LIFE) | 26. KIND OF NDUSTRY | BUSINESS |
| 2 4 | oe | WSUAL RESIDENCE | E (IF NURSING HOME | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | Own Ho | me |
| ompletely filled in | 調く | Marylan | 13b CO | P.G. | Mt. Rain | | 13d INSIDE CITY LIMITS? YES TO NO [| 13e.STREET ADDRESS 4210 31s | / ZIP CODE | + 2071 | 2 |
| letely fille | Se y | 14. FATHER'S NAM | | 1.0. | Inc. Kain | 161 | 15. MOTHER'S MAIDEN NA | | t. Dilee | L 2071 | . 4 |
| od of the state of | 50 | FIRST | A THE | MIDDLE | LAST A D A D D D D | | FIRST | MIDDLE | Cha | LAST | |
| compl | - | Charles | SED EVER IN U.S. A | H. | Anderson | | Mary 17 INFORMANT | ADDI | | arman | |
| n and c | medicol | (YES, NO OR UNK | | GIVE WAR OR DATES | | | | | | | |
| | E/ | No | | | 579-28-2 | | John R. Hita | affer Sai | ne as 13 | ANNIPANTA. | ATE INTERVAL |
| oth certificate be rending physicion e corbonpopers. F on, or removal. | motic event, | PART I | DEATH WAS CAU: IMMEDI | SED BY: ATE CAUSE (o) | OR AS A CONSEQUE | 2000 | prestary | arcineur | | BEIWEEN OF | SET AND DEAT |
| ed by the ot please remov orial, crematic | or other trou | gove rise couse (o underlying | to immediate to immediate to, stating the couse last. | (c)_ | DR AS A CONSEQUE | | (unkna | un prime | in) | | |
| been sign mit. Then prior to bu | ony injury. | NOIL | HER SIGNIFICAN | | | 1 10 | NOT RELATED TO THE TER/ | 70a AUTOPSY? | 20b. IF YES, WI | RE FINDING | F DEATH? |
| hysicion. icate has ronsit per Hygiene | Š 🔷 | 21. 466 855 | NT WAS UNDERLYING | D 21h TIME | OF INJURY | | Tal- How Industry occurs | YES NO X | YES | | NO 🗌 |
| | Rem 18 | OR CONTRACT | ITING CAUSE OF E | DEATH HOUR A | | YEAR | 31¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 PART I | OR PART 2) | |
| > 0 × 0 × | orkedor | W . | OCCURRED | | OF INJURY TREET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR T | OWN | COUNTY | STATE |
| TEND outol o or use of Heo | 21 is mo | | y that (I) this has redeceased alive (I) (we) (did)(Idid | (1) | he deceosed from | 8- | nd that in (my) (our) opinion | death occurred on the | date and hour and | 86 th | ot (II) we) lo |
| OR A ne hose Directoched | H hem | 77b. SIGNA | | Spirit on | y offer deoth. | | DEGREE ATTENDING | MEDICAL STA | AFF | 22c DATE S | |
| 4 4 5 | TANT | 22d. PHYSIC | IAN'S NAME (TYP | E OR PRINT) | c mp | | PHYSICIAN 1 | DIRECTOR PHYS | CIAN | Aug. 2 | 27,198 |
| O HO etoine TO Fu should | MPORTAN | | les Bren | | | | | Hampshire A | ve.Suite | #207 - S | Sil.Sp |
| ======================================= | _ | 230. BURIAL, CRE/ | MATION, REMOVA | AL 23b. DATE | 23c. N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | r.c | UNTY | STATE |
| BP | | Cre | emation | 08-27- | -86 Met | ropol | itan Cremato | | ia N/A | Vi | rgini |
| DHMH - 16 60M | 7/84 | 24 FUNERAL DIRE | | | ADDRESS | | I A I | TE REC'D BY REGISTRA | | SSIGNATU | RE |
| | | T C | 1-1 - C | TO II TO | A. Hyatts | | 263 | 1629 1986 | d. MARA AMANA | Am 1/104 | A PARTIE OF THE |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN ITTER CHIPBOUT DEATH MATED Herbert Howard Hollidge 6 AGE (IN YEARS) IF UNDER 1 YE 15. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED Male Cau. May 17, 1934 52 BIRTHPLACE ISLATE OF Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington D.C. DIVORCED x Prince George's WIDOWED [120 USUAL OCCUPATION (TYPE OF WORK 126 KING OF BUSINESS FOR MOST OF WORKING LIFE) IE CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Doctors Hospital Electrician Lanham Construction USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 9801 Goodluck Road Maryland Prince Geo. Seabrook YES NO 20706 4. FATHER'S NA 15 MOTHER'S MAIDEN NAME MIDDLE Wade Helen Herbert Hollidge Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 3 Water Street, Apt. B103 16b. SOCIAL SECURITY NO. 577-46-0587 Karyn Burdette, Gaithersburg, Md. 20877 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATP OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 214. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection X Autopsy and in my apinian Natural causes Accident Undetermined manner Suicide Hamicide TITLE (SPECIFY) EXAM THE'S NAME TYPE OF PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cedar Hill Cemetery 07/84 Burial 9-3-86 Suitland, P.G. Maryland
D. BY REGISTRAR 1336. REGISTRAR'S SIGNATURE 75a. DATE REC'D. BY REGISTRAR FRANCIS GASCH'S SONS FUNERAL HOME, P.A. **DHMH** - 17 his Davident-Acry (VR A15 ME (5)) 4739 Baltimore Avenue, Hyattsville, Maryland



| 1 | | | | | | | | | MARYLAN | | | | | -9 / | 0 | 2 | |
|-----------|---|---------------|---------------------|---------------------------|-----------------------------|-----------------|---|-------------|----------------|---------------|------------|-----------------|---------------|---------------|-------------------|----------|-----------|
| D | | 1 | FOR | | | DEPART | MENT OF | HEALTH | I AND MI | ENTALH | YGIEN | E | 2 | 5 1 | 7 | W | |
| 1211 | 331 | 1- | STATE REGISTRAR | | M | EDICAL | EXAMIN | IER'S C | ERTIFIC | CATEC | PDE | TH | Bris. | 10 | | 1777 | |
| 0 1. | 7 0 0 1 | 10 | CEASED NAMI | FIRST | | MIDDLE | | | IAST | | | | REG. N | | | | - III |
| | | | PE OR PRINT) | | | Model | | | LAST | | | 2a. DATE KI | ESTI- | | | YEAR | 2b. HOUR |
| | S S S S F | 1 | | SHERE | RY | LYNN | - 1 | HOLSO | MBACK | | | DEATH A | MATED [| 7-29 | -86 1 | 9 | M. |
| | 코딩플링튠 (1) | 3 SE | X | 4. RACE | 5. DATE OF BIRT | H | 6 AGE IN YE | ARS IF UN | | IF UNDER | | 2c DATE | | MONTH | DAY | YEAR | 2d. HOUR |
| | REC T | 1. | | ALC: NO. | MONTH DA | | LAST BIRTHD | | HS DAYS | HOURS | MIN | PRONOUNC | ED | 7 00 | 0.0 | | F.FOD |
| | A D D A D | | male | Caucasia | | | 23 Y | RS. | | | | DEAD | | 7-29 | | | 5:59P |
| | SSA A ES | 7a 8 | RTHPLACE (5 | IATE ON | 76. CITTZEN OF | WHAT COUP | VTRY? | 8. MARRI | ED XXNEY | VER MARR | IED 🗆 | 9 BALTIMO | RE CITY | OR COUNT | Y OF DE | ATH | |
| | SABER . | | ruland | | USA | | | WIDOW | | DIVORC | | Prince | Geo | rge's | Cou | ntv | MD |
| | IS NECESSARY, PLEASE E FUNERAL DIRECTOR. IGE 5 FOR YOUR FILES. ULED, WITHI | 10 C | ITY OR TOWN | OF DEATH | 11. NAME OF H | OSPITAL NU | RSING HOM | | | | | IAL OCCUPA | | | | | INESS |
| | SEA SOL | | | _ , | LIE NOT IN SUCH | LEACHITY GIVES | TREET ADDRESSI | | | | FOR A | AOST OF WORKS | | | OR II | NDUSTR | Y |
| 1 | D T W N | | college | | | dessa | | | | -110 | Cl | Perk | | | Ginn | 1'5 | |
| / lt | A 3. RETAIN P S SHOULD BE TAL RECORDS, | | AL RESIDENCE | (IF IN NURSING HOME OF | | | OR TOWN | | 1134 INSIDE CI | ITY LAMETCO | Line CTDI | EET ADDRES | | | | | 400 |
| 1 准 | 3 5 5 5 5 | 4 | vruland | Pr. G | | | Lege Po | | YES - | NO [| | Odes | | and | | 00- | 7.40 |
| 1 0 | - S.S | | ATHER'S NAME | | 20. | 1000 | lege ru | VLIZ | | | | | su Ki |) aa | | 207 | 40 |
| -2 | I-822 | 111 | FIRST | | MIDDLE | | LAST | | 15. MOTHE | IRST | NAME | MID | DLE | | LA | ST | |
| <u> </u> | AN ZEO | | Calvin | | | Coc | hran | | Po | atric | ia | | | 0 | vilhi | ite | |
| BALTIMORE | NS 1 | 16a. | WAS DECEASED | DEVER IN U.S. ARA | AED FORCES? | 166 SO | CIAL SECURIT | Y NO. | 17. INFORM | THAN | Aunt | - | ADDRES | 518 E | Pank | man | 12/17/19 |
| Ē | S AFTE GIVE I ITH FO PAGE IVISIO | 1 4 4 | | (IF YES, GIVE V | WAR OR DATES) | 211 | 61 21 | 1 = | Tamic | e Will | | | 01-6-01 | 0+ 11. | | avery | 20710 |
| ~ | SPES | No | | | | | 84-344 | 10 | Dance | 2 WILL | ruce | GRE | endes | et, Ma | | | |
| 1 | D WITHIN 24 HOURS AFTER I PENCIL IN ITEM 18. GIVE PAL MINER ALONG WITH FOR ITEMSIT PREMIT. PAGES 1 ENTAL HYGIENE, DIVISION OR REMOVAL. | | PART I DE | F DEATH (Enter onleast) | y ane cause per li S RY. | ine for (a), (b |), and (c).) | o bar | f hoad | 2 | | | | | | EN ONSET | AND DEATH |
| Z | A E E E E E E E E E E E E E E E E E E E | | | | E CAUSE (o) | Gunsi | not wou | | I neac | ٦ | | 2000 | | | | | |
| PRESTON | NOVA GIE | | 130 | | DUE TO, | OR AS A CON | SEQUENCE | OF | | | | | 200 | The same | | 14.3 | 100 |
| N N | EN LISI | | Condition | ns, if any, which | | | | | | | | | | | 411 | | |
| - | RA A A A | | | se to immediate | (b) | | | | | | | | | | | | |
| 3 | ON THE PROPERTY OF | | lying cau | stating the <u>under-</u> | DUE TO, C | DR AS A CON | NSEQUENCE | OF | | | | | | | 100 | | |
| 201 | UUD BE EXECUTED WI "PENDING" IN PENC EF MEDICAL EXAMIN SED AS A BURIAL - TR HEALTH AND MENTA AL, CREMATION, OR | | | | (c) | | | | | | | | | | | | |
| SO | ANABALE | | PART 2 OTHER ST | GNIFICANT CONDITIONS | CONTRIBUTING TO DEA | TH BUT NOT RELA | ATEO TO THE TERM | INAL DISEAS | OR CONDITION | N GIVEN IN PA | RT 1 (a) | | | | | | |
| Ö | BE EXE VDING EDICA S A BL | Z | | | | | | | | | | | | | | | |
| RECORDS | MED MED AS AS CRE | CERTIFICATION | 19a. DATE OF | OBERATION | Tial cont | DITIONIFOR | NAME OF THE ORIGINAL PROPERTY OF THE ORIGINAL | 147101111 | 46 050500 | | | | | | - | | |
| = | SHOULD ORD "PE CHIEF A E USED / T OF HE/ URIAL, C | 1 3 | 190. DATE OF | OPERATION | 148 CON | DITION FOR | WHICH OPER | (ATION W | AS PERFOR | MED? | | | | | 20 AU | TOPSY? | |
| VITAL | XX2551 | = | 100 | | | | | | | | | | | | YE | XX | NO 🗌 |
| P. | HAN HOUSE | 3 8 | | AL CAUSE WAS | 216 TIME | OF INJURY | | 21c. HC | OW INJURY | OCCURRE | D LENTER 1 | NATURE OF INJUI | RY IN ITEM 18 | PART T OR PAI | RT 2) | 1111 | |
| | SHE SEL | | UNDERLYING | OR | 1400m | NP MONTH | 29-86 XEA | Se | lf/in: | flict | ed | | | | | | |
| 0 | F S S S S S S S S S S S S S S S S S S S | 1 3 | 21d INJURY C | NG CAUSE OF D | | E OF INJURY | | | CATION | | | | | | | | |
| DIVISION | E E E E E | MEDICAL | >4# 4# F | | STREET F | ACTORY, FARM, E | | | | | | GATY OF HOWE | v 701 | 4/0: | INIX 7 . | 7 | STATE |
| ٥ | WRI WARI PAGE 2120 | 1 | AT WORK | AT WORK | ho ho | ome | | 51 | 12 Ode | essa | Ra. | Colle | ge P | K., M | aryra | and | |
| | ER: THIS CERTIFICATE SHOULD ATE, WRITING THE WORD."PER ORWARDED TO THE CHIEF M. PR. PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEAVE 1201 PRIOR TO BURIAL, CALL | | | | | | | | 3637 | | | Г | | | | | |
| | MAN SER | | 22a I certi | fy that I taak charge | e at the remains o | described abo | - | | sy XX. | Inspection | n []. | Inquiry L | | nd in my ap | inian | | |
| | ₹ EBDE | | death result | ed from: Nature | al causes . | Accident | L, Su | icide X | , Homic | ide . | Undete | ermined man | ner, | | | | |
| | AN WELLER | | - | Ma. | - A | 111 | _ | | TITLE (SI | PECIFY) | | | | | | | |
| | A HOUSE | | ACTUAL SIGNATURE | Muline | le In | YNI | 1, | 44 | n Acci | ctant | | ICAL EXAMIN | | DATE | ₀ 7-30 | 0-86 | |
| | SESE A | | SIGNATURE | 0 | | | | | VASSL | SLAUL | MEDI | CALEXAMI | VEK | SIGNE | 010 | 0 00 | |
| | STAN STAN | | EXAMINER'S | NAME Marga | rita A. | Korel | 1 M D | | | 111 | Penn | Stree | t. | | | | |
| | A CHAPTER A | 1 | (TYPE OR PRI | | | | | | ADDRESS_ | | | | | | | | |
| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 | 23a.E | URIAL, CREMA | TION, REMOVAL 23 | B DATE | 23c. 1 | NAME OF CE | METERY O | RCREMATO | DRY | 234 LO | CATION | | COUN | MIA | STA | TE. |
| 07/84 | BP | | rial | A | 119.1 198 | sh bas | klawn | Cama | toku | | | kvill | o Mar | | | | |
| 25M | | 24. F | UNERAL DIREC | TOR Franci | A J. Cal | lins | Tr | Ceme | terry 1 | 25a. DATE F | REC'D. BY | REGISTRAR | 25b REG | ISTRAP'C C | ICATA THE | DE J | |
| | DHMH - 17 | 5 | NAME ILIZA | onsitu Do. | ADDRE | Cil. | Cict ! | | | | | 4000 | | - Inda | 1013 | nduf" | |
| | (VR A15 ME (5)) | 7 | o unico | ersity Bl | vu.,w. | suve | c Spru | 19, M | a. | AUG | 3 4 | 1900 | 1 | | . 3 | | - 4 |



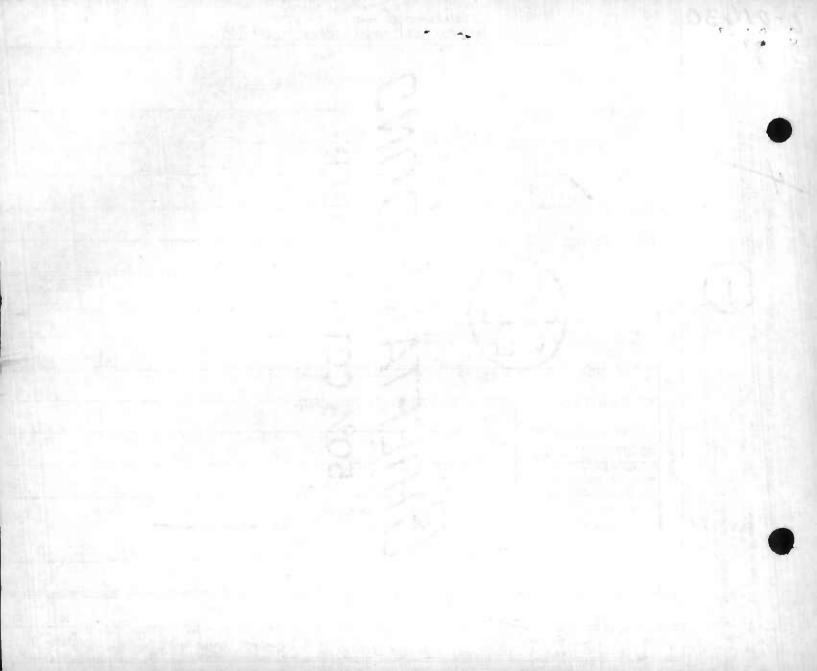
| 4 | | | im G620 i | tm 5 10/ | /3/86 rja | EPART | STA MENT OF | TE OF M | ANDM | | YCIENE | | el a | wig | / 13 | 4 |
|--------------------------------|--|---------------|------------------------------------|------------------|--|----------------------------|------------------|--------------|------------------------|------------------|-------------|-----------------|----------------|----------------|--------------|-------------|
| 1110 | 6109 | 1- | STATE REGISTRAR | | | | EXAMIN | | | | 2-5 | 33 | REG. NO. | 5 / | A | 7 |
| 0 1 | 0103 | T DE | CEASED NAME | FIRST | | MIDDLE | , | , | LAST | | 2 | DATE KN | OWN [| MONTH (| DAY YEAR | 26 HOUR |
| | ES. SE. | 1111 | CORPRINT | Mary | | Α. | H | ousi | not | | 53.4 | OF E | STI- | 8-15 | 1986 | M |
| | PECTO ECTO FILL HOU | 3. SEX | 4 R | ACE | 5 DATE OF BIRTH | YEAR | 6. AGE (IN YE. | | DER 1 YR. | IF UNDER 2 | | DATE | D , | MONTH | DAY YEAR | 2d HOUR |
| | ON 272 | - | make of | lack | 5-30- | | 70 YI | | DATE | III III | | DEAD | & | 7-15 | 1986 | 18 M |
| | IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESION STREET, | | RTHPLACE (STATE) | OR | 76 CITIZEN OF WH | IAT COUN | TRY? | | - | VER MARRIE | DU | BALTIMOR | E CITY OR | COUNTY | OF DEATH | |
| | | | orida TY OR TOWN OF I | DEATH | U.S.A. | DITAL DATIG | SING HOME | WIDOW | | DIVORCE | D | Prince | Geor | gets | KIND OF BU | MD. |
| | FESES | | TO COUNT OF T | DEATH | ZIF ACT IN SUCH FAC | ILLY, GIVE ST | REET ADDRESS | , OK OTTI | 14 | rear's | FOR MO | SEWIFE | G LIFE) | | OR INDUST | |
| | | JUSU? | Verly | | R OTHER INSTITUTION, GIV | E RESIDENCE | | | arjyi | 1 | | 37-1 | | | None | |
| 21201 | A SEEDER | 13a S | D TATE | Princ | e Georges | | ortown r Mar] | boro | 13d INSIDE (I YES 🏗 | NO [| 13e STREE | 04 New | Sale | m Ave | enue 2 | 20772 |
| MD | T CHEST | 14. F/ | THER'S NAME | | MIDDLE | | LAST | | 15. MOTHE | R'S MAIDEN | | MIDDL | | | LAST | |
| , a | 39560 | | George | | | Ca | rey | | | Mary | | Milot | | | Aller | |
| IWO | PACE PACE NO | 16a V | VAS DECEASED EVES, NO, OR UNKNOWN) | ER IN U.S. ARM | MED FORCES? WAR OR DATES) | 1 | IAL SECURIT | | 17 INFORM | | T IIo | | ADDRESS | 10901 | New S | Salem |
| BALTIMORE, | ARS AF WITH PAG DIVISIO | - | No | | | | -14-074 | 2 | Theo | dore N | V. НО | uston | Ave | • Upp | per Mai | |
| | | | 18 CAUSE OF DE PARTIDEATH | EATH (Enter anl | y one cause per life BY: E CAUSE | or interior | , and (c),) | Tue. | Ned | 12100 | can u | en) | luza | se | BETWEEN ONSE | T AND DEATH |
| W. PRESTON ST | WITHIN 24 HO ENCIL IN ITEM I MINER ALONG TRANSIT PERMI NIAL HYGIENE, OR REMOVAL. | | | IMMEDIAT | DUE TO, OR | AS A CON | SEQUENCE | OF. | ceru | | 7 | - 0 | | | | |
| S | D WITHIN PENCIL IN WINER A: - TRANSIT ENTAL HY OR REMO | 15 | | if any, which | (1) | 1 | | | | | | | | | | |
| * | | | | ting the under- | DUE TO, OR | AS A CON | SEQUENCE (|)F | | | 11-13 | | - 26 | | | |
| 20 | N EX | | | | (c) | | | 12001 | | | | | - 14 | | 1330 | 25.50 |
| DIVISION OF VITAL RECORDS, 201 | OULD BE EXECUTED IN PER MEDICAL EXAMILE MEDICAL EXAMISED AS A BUSINAL-1 PER HEALTH AND MEN MAL, CREMATION, O | z | 1 1 | 7 | ONTRIBUTING TO DEATH I | UT NOT RELA | TED TO THE TERM | INAL DISEASE | OR CONDITION | N GIVEN IN PART | T 1 (a). | - | | | | 1000 |
| REC | MINER: THIS CERTIFICATE SHOULD BE EFICATE, WRITING THE WORD "PENDING FORWARDED TO THE CHIEF MEDICATE, PAGE 3 SHOULD BE USED AS A THE STATE DEPARTMENT OF HEALTH LAND, 21201 PROFESSOR OF SURE AND A THE STATE DEPARTMENT OF THEALTH LAND, 21201 PROFESSOR OF SURE AND A THEALTH LAND, 21201 PR | CERTIFICATION | 19a. DATE OF OP | ERATION | 19b. CONDIT | ION FOR V | WHICH OPER | ATION W | AS PERFOR | MED? | | 30 | | | 20. AUTOPSY | 2 |
| Ĭ | SHOULD ORD "PE CHIEF A E USED I T OF HEA | IFIC | at The | | | | | | | | | | | 436 | YES 🗆 | NO F |
| OF V | ATE S TIWO D BE D BE | CERT | 210 EXTERNAL C | TTD. | 216 TIME OF | | DAY YEAR | 21c HC | W INJURY | OCCURRED |) (ENTER NA | ATURE OF INJURY | IN ITEM IB PAR | IT I OR PART 2 | | NO L |
| NO | AL OUT | CAL | UNDERLYING CONTRIBUTING | | | MONIH | 19 | (1) | | | | | | | | 100 |
| 285 | OERT DED DED DED | MEDICAL | 21d. INJURY OCC | | 21e PLACE C STREET, FACTO | OF INJURY ORY, FARM, ET | (AT HOME, | | TREET | | | CITY OR TOWN | 2.74 | COUNT | Y | STATE |
| ٥ | TO MEDICAL EXAMINER: THIS GER EXECUTE THE CERTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAR LINEGEOR. PAGE 3 AFTER DEATH, WITH THE STATE DEBALLIMORE, MARYLAND, 21201 FF | | WHILE NAT WORK | TWORK | | 3,6,3 | - | | | | | | | | | |
| | POR HES | | 220 I certify th | at I taak charge | e af the remains desc | ribed aba | ve, held an | Autaps | у 🔲. | Inspection | | Inquiry | and i | in my apını | an | |
| | STEEL | | death resulted for | nam: Nature | al causes . | Accident | L, Su | cide 🔲, | - | ide | Undeter | mined manne | er 🔲, | | | |
| | A WAY | 10 | ACTUAL | Hugan | OX X | were | de/ | | 1110 (SI | PECIFY) | | That H | | DATE | 8-16 | -186 |
| | SEAT SEAT | | SIGNATURE | N | 150 | 1 | 0 | M. | 7 | 1 | MEDIC | AL EXAMINE | ER . | SIGNED | 0 6 | 1 |
| | A DA SE | | (TYPE OR PRINT) | Mugas | 10/1 Ka- | Inc | 462 | | ADDRESS 5 | 7960 | 047 | umC | F.Co | Sp. | H.he | , my |
| | 5X4548 | 23a B | URIAL, CREMATION | | | 23c N | AME OF CEA | AETERY OF | CREMATO | ORY | 23d LOC | ATION | | COUNTY | s | TATE |
| 07/84 25M | | 24 54 | Buria | | 8/22/86 | Ar | lingto | n Na | tiona | 1 35- DAYE 01 | Arl | ington | Ar | lingt | on | VA |
| | DHMH - 17 (VR A15 ME (5)) | 24 11 | NAME | ROLLI | NS FUNER | IL HO | ME, INC | ra | | ALLO O | 5 19 | QG | A REGISTI | RAR'S SIGI | MOUNT | 4 |
| | (AN MID WE (D)) | | | | BHINGTON. | | | | <u>J</u> | 8U0 3 | 0 13 | 00 / | | | | |

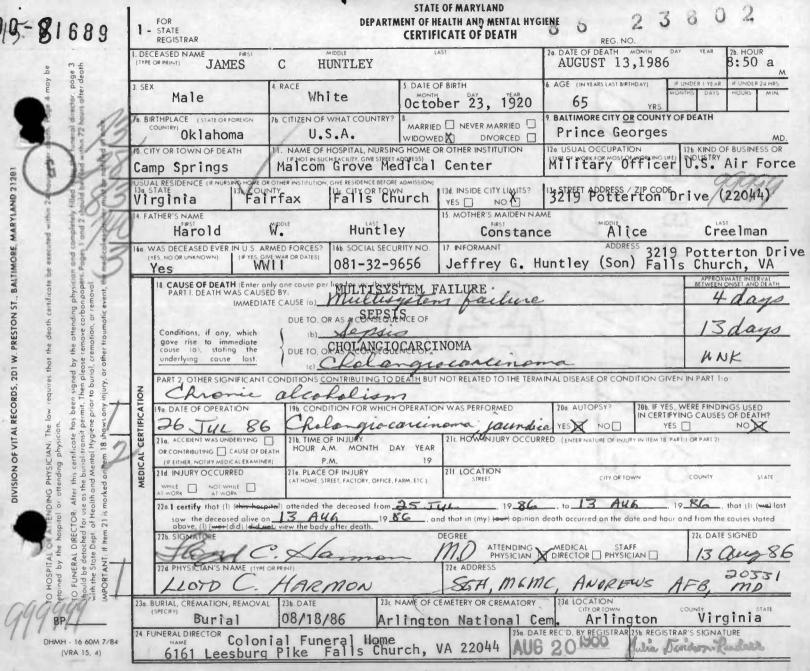
a a encode encirc And the second of the second s ELECTRONS C The emperorate and West a greater now because solling The post of the property of the second of th

DIVISION OF VITAL

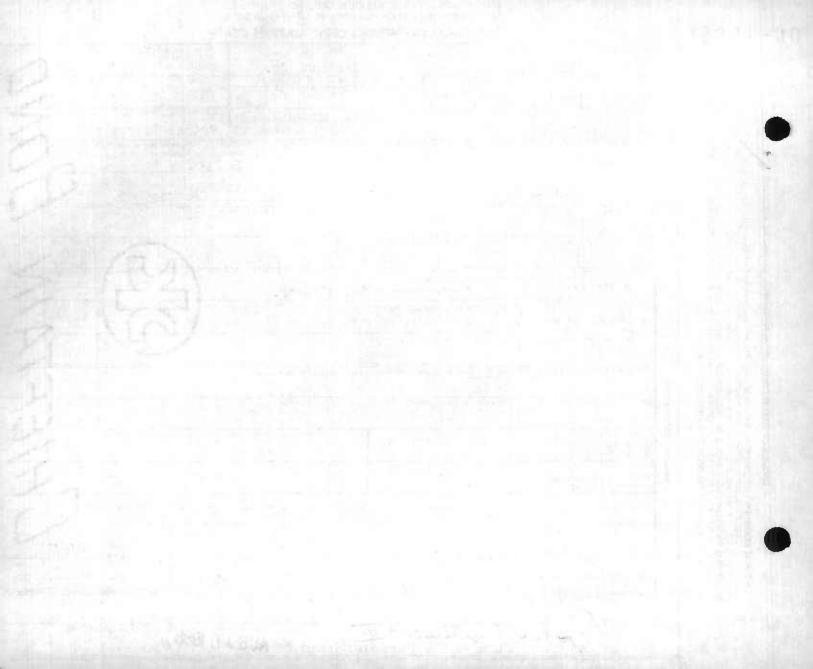
STATE OF MARYLAND

| 0 | 11.21 | AL. | 4.5 | 2 - Dilm(| 3610 0/3 | STAT | E OF MARYL | AND | | at a said | 0 | 0 1 | |
|--|---|---------------|------------------------|--|-----------------------|------------------------------|----------------------|---|-------------------------------|--------------------|--|--------------|-------------|
| -8 | 1630 | 7 1 | SIAIL | Za, FIIIII | | DEPARTMENT OF I | | | | 2 3 |) () | 0 1 | |
| | , | | REGISTRAR | | WE | CAL EXAMIN | ER'S CERTI | FICATE OF | PDEATH | REG. NO | D | | |
| | | | ECEASED NAMI | E FIRST | | MIDDLE | LAST | | 2e DATE OF | KNOWN ESTI | MONTH (| DAY YEAR | 26 HOUR |
| P | ET, ES. | | | Karen | | Ann | | Hulson | | | Aug 2 | 29;1986 | M |
| | PIE PIE DIRECTOR. OUR FILES. ON STREET, | 3 S | EX | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEAR LAST BIRTHDA | RS IF UNDER 1 Y | R. IF UNDER 2 | MIN PRONOU | | ALLISH I | DAY YEAR | 2d. HOUR |
| 200 | 8288 | F | emale | White | March 21 | l 1968 18 _{YR} | | 3 HOURS | DEA | | Aleg 2 | 29 1986 | 11:40F |
| A A A | 5/ | 7/70 | BIRTHPLACE (5 | TATE OR | 76 CITIZEN OF WI | HAT COUNTRY? | 8. MARRIED | NEVER MARRIE | 9 BALTI | MORE CITY O | RCOUNTY | OF DEATH | |
| RASE. | 9 | 2 | Maryla | nd | U.S.A. | | WIDOWED | DIVORCE | | ce Geor | ge's C | county | MD |
| る音が出る | 3 | De H | CITY OR TOWN | OF DEATH | | PITAL, NURSING HOME | OR OTHER INST | ITUTION | 12a USUAL OCCI | | E OF WORK 12h | OR INDUST | |
| 3500 | | 2 | Hagersto | own // | Hagersto | on Dormitor | , Univer | rsity o | FOR MOST OF WO | Studen | t | OK INDUST | KT |
| DE NOR | - | USI | JAL RESIDENCE STATE | (IF IN NUCLINATIONS OF | OTHER INSTITUTION, GI | VE RESIDENCE BEFORE ADMISSIO | N) | | | | | | |
| ASESS. | | 5 3 | laryland | Anne | Arundel | Glen Burni | e YES | NOXT | 700 Beri | rv Rd. | | 2106 | 51 |
| - Notice | į | and the same | FATHER'S NAME | The state of the s | | | | THER'S MAIDEN | NAME | | | | |
| E 2 2 2 7 | | W. | Harry | т | ohn | Hulson | Don | FIRST | | MIDDLE | | LAST | |
| KAMEZ - | | - | WAS DECEASE | D EVER INTELLE ARA | NED FORCES? | 166. SOCIAL SECURITY | | nnie ORMANT (F. | | Lynn | | Price | |
| SOC | | 41 | YES, NO, OR UNKNO | None | VAR OR DATES) | 186.50.691 | 3 Har | rry J. H | ther) | Sa | ame as | 13 abo | OVE |
| Con a | | | 18 CAUSE O | OF DEATH (Enter only | one couse per line | far (o), (b), and (c).) | | | | | | APPROXIMATI | E INTERVAL |
| E S S Z | | 3 | PARTIDE | ATH WAS CAUSED | BY: | Multiple in | juries | | | | | BETWEEN ONSE | I AND DEATH |
| XI. | 6 | 3 / | 1884 | MMEDIATE | E CAUSE (0) | AS A CONSEQUENCE O | | 7.17 | | | | | |
| E = 8 2 E | EM | | | ns, if any, which | | | | | | | | | |
| NAME A | ř | | | se to immediate) stating the under- | (b) | AS A CONSEQUENCE O |)F | | | | | | |
| BANANA | | | lying cau | ise last. | 1 | | | | | | | | |
| GG IN AND AND ATIC | | | PARI 2 DINER SI | GNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMI | NAL DISEASE OR COND | ITION GIVEN IN PART | Liei | | | | |
| SAL | - | Z | | | | | THE DISTRICT ON COMM | ALL THE | 1107 | | | | |
| LEAN MEN | | CERTIFICATION | 19a. DATE OF | OPERATION | 196 CONDIT | ION FOR WHICH OPER | ATION WAS PERF | FORMED? | | | | 20 AUTOPSY | ? |
| A SHE SA | 1 | E | | | 1000 | | | | | | | YES 😾 | NO 🗆 |
| WO HE CAN | 0 | 5 8 | 210 EXTERNA | AL CAUSE WAS | 216. TIME OF | | 21c HOW INJU | URY OCCURRED | (ENTER NATURE OF II | NJURY IN ITEM 18 P | PART I OR PART 21 | | 140 |
| SHEET SEE | 4 | | | OR OR OF DE | | . MONTH DAY YEAR . 8-29-8619 | nyaaini | tima fr | om a hei | ah+ | | | |
| HIS CERTIFICATE SHOULD BE EXECUTE MARTING THE WORD "THE MEDICAL EN ARDED TO THE CHIEF MEDICAL EN AGE 3 SHOULD BE USED AS A BURIN ATE DEPARTMENT OF HEALTH AND HISTOL PRIDE TO BURIAL, CREMATIC | | MEDICAL | 21d. INJURY C | | 21e PLACE C | OF INJURY (AT HOME, | 211 LOCATION | | | | | | |
| SES SES | | 4 3 | WHILE AT WORK | NOT WHILE K | | ORY, FARM, ETC.) | Hagore | stown Do | city or to | | COUNTY | rge's | CO MA |
| | - | 1 | | | dor | | | | | | | - | CO. / Fac |
| MASSE ES | | 1 | | | | cribed obove, held an | Autopsy X. | , Inspection | L., Inquiry | , L, one | id in my opinio | on | |
| A SECOND | | 0 | death result | ed from: Noturo | ol couses | Accident Sui | | amicide . | Undetermined a | | | | |
| AAN WAR | | | ACTUAL | 11. | -1 | | | E (SPECIFY) | + | | DATE | 8-30- | -96 |
| SESES | in | 7 | SIGNATURE | as all | The | | M.DA | issistan | T MEDICAL EXA | MINER | SIGNED_ | 0-30- | -00 |
| LANCE LANCE | 100 | 4 | EXAMINER'S | | i Wiam M. | Zane, M.D. | | 111 | Penn Str | eet | | | |
| TO MEDICAL EXECUTE THE COPAGE 4 SHOULD TO FUNERAL DAFTER DEATH, NEATH, N | | 72- | TYPE OR PRI | TION, REMOVAL 23 | | 23c. NAME OF CEM | ADDRES | 55 | | | | | |
| | | 230. | Cremat | 100, REMOVAL 73 | | | | | 23d. LOCATION CITY OR TOWN | . 1 1 - | COUNTY | | TATE |
| BP | | 24 | FUNERAL DIREC | TOR. | ug. 50, 19 | 986 Security | Process | | Catonsv: | | Balt. | | |
| DHMH - 17 | | | NAME | Likhall | ADDRESS | D | 1 | OFF | A AAAA | | | - Mandall | 100 |
| (VR A15 M | E (2)) | | ingleto | n Funeral | Home G | len Burnie N | aryland | 756 | 2 1980 | 37,74 | THE PARTY OF THE P | | |





| | | | | | | D.F. | | | | ARYLAN | | | | 9 | 0 | 17 7 | 4 | |
|----------------------------|--|----------------|----------------------------|------------------------------------|--------------|--------------------|-----------|---------------|---|---------------|-----------------|--------------------|---------------|----------------|---------------|----------|---------|-----------|
| 0.0 | 15050 | 1- | FOR STATE | | | | | | | | ENTALH | 2.5 | | 2 3 | 0 | U V | | |
| U U - | 15650 | | REGISTRAR | FIRST | 114 | | DDLE | XAMI | AEK.2 | ERTIFIC | CATE | F DEA | | REG. N | | | | |
| | | | CEASED NAMI | | | MI | DDLE | | | LAST | | 2 | OF | ESTI- | НТИОМ | DAY | YEAR | 26 HOUR |
| | ASE OR. JRS EET, | | | Claren | | | VF. | | Ja | ckson | | | DEATH | MATED [| 8/8 | | 86 | М |
| | STATE | 3. SEX | | 4 RACE | S. DATE | OF BIRTH DAY | YEAR | 6. AGE (IN Y | EARS IF UN | DER 1 YR. | IF UNDER | 24 HRS 2 | RONOUN | CED | HTMOM | DAY | YEAR | 8:11 |
| | PEASE DRECTOR. DLR FILES. TO HOURS | | ale | Black | | | 37 | | RS. | | | | DEAD | | 8/8 | Τ₫ | 86 | A. M |
| | 2000年間/ | | RTHPLACE (5' | TATE OR | 76 CITIZ | EN OF WHAT | COUNT | RY? | B. MARR | ED XX NE | VER MARRIE | ED C | BALTIMO | ORE CITY O | OR COUNT | Y OF DEA | ATH | |
| | 別がまる | No | rth Ca | arolina | | USA | | | WIDOW | ED 🗆 | DIVORCE | | | | orge' | s Col | unty | MD. |
| | 学出 号 | 10 CI | TY OR TOWN | OF DEATH | | T IN SUCH FACILITY | | | E, OR OTH | er institu | TION | 12a USU | AL OCCUP | ATION (TYP | E OF WORK | 126 KIND | OF 8US | |
| 3 | ALA SO | | Hyatts | ille | 2 | 116 Cha | pmai | n Road | t | | | | lper | ino tire; | 121 | OK II C | .00311 | |
| 5 | SEASO | USUA 13a. S | A RESIDENCE | (IF IN HURSING HOME O | OR OTHER INS | STITUTION GIVE RE | SIDENCE B | EFORE ADMISS | ION) | liad incine o | ITY LIMITS? | | | | | 20 | 70 | 7/ |
| 2120 | A ME OF SERVICE AND A SERVICE | | aryland | | | orge's | | yatts | /ille | YES P | | 211 | 6 Cha | pman | Road | 20 | 18 | 0 |
| 8 | - NO 44 11 | | THER'S NAME | | | 113-3 | | | | 15. MOTHE | ER'S MAIDEI | | | | | | | |
| m, | ESS A | C | laren | ce | MIDDLE | Jac | | on, i | Jr. | Len | FIRST | | MIC | DDLE | | E11 | | |
| WO | FORM FORM FORM ON O | 160 V | VAS DECEASE | DEVER IN U.S. AR | | CES? | | AL SECURI | | 17. INFORA | MANT | | | ADDRESS | S | | | |
| BALTIMORE, MD. | URS AFTER 18. GIVE PA WITH FOR IT. PAGES I | , , , , | ES, NO, OR UNKNO 'es | (IF YES, GIVE | WAR OR DAT | | 245 | 60 6 | 258 | Mrs. | Mary Hya | y Ja | ckso | n-wi | fe-2 | 116 | Cha | pmar |
| | WITH PARTY | | | F DEATH (Enter on | ly one cau | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Road | ну. | atts | VIII | e, M | aryı | APPRO | OXIMATE | INTERVAL |
| PRESTON ST., | ERAIL FENE, AL. | | PARTIDE | | | (o) Acu | | | cdial | disea | ase. | | | | | BETWEEN | NONSET | AND DEATH |
| Į į | 4 E U M = 2 | | | IMMEDIA | | UE TO, OR AS | | | | 4100 | | | | | 10 | | 470 | |
| RES | THIN 2 | 1 | | ns, if ony, which | 1 | | | | | | | | | | | | | |
| | ≥XZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ | | | se to immediate stating the under- | 1 DI | (b) | A CONS | EQUENCE | OF | | | | - | | 32 | - | | |
| 201 W. | SHOULD BE EXECUTED RRD "FENDING" IN PROCEED RADICAL ENGRALS AS BURRAL-TO FEMALTH AND MEION, CREMATION, CREMATI | | lying cou | se lost. | | 4. | | | | | | | | | | | | |
| | AND ATIO | | PARI 2 DIHER SI | GNIFICANT CONDITIONS | CONTRIBUTION | NG TO DEATH AUT I | NOT RELAT | EN TO THE TER | MINAL DISEAS | OP CONDITIO | N CIVEN IN DAR | OT Line | | | | 1 | | |
| 080 | ENDIN MEDIC ASA E SALTH / CREW | Z | | | | None | NOT REENT | LO TO THE TER | WINNE DIJERJ | OK CONOTTO | IN OITEN IN TAX | 11 (10). | | | | | | |
| E E | EAN AND | AT | 19a DATE OF | OPERATION | 119 | L CONDITION | N FOR W | VHICH OPE | RATION W | AS PERFOR | MED? | | - | | | 2D AUT | CPSY? | _ |
| IAL | SHOUL CHIEF LOF H | FF | None | | | | | | | | | | | | | - | i Π | NO X |
| DIVISION OF VITAL RECORDS, | HIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CH AGE 3 SHOULD BE L ATE DEPARTMENT 1201 PRIOR TO BUR | CERTIFICATION | None | L CAUSE WAS | 21 | b. TIME OF IN. | JURY | | [21c. He | OW INJURY | OCCURRED | DIENTERN | ATURE OF INJL | JRY IN ITEM 18 | PART 1 OR PAR | | | NO K |
| 0 | A HE SELECTION OF THE PERSON O | 2 | UNDERLYING | OR | - 1 | HOUR A.M. M | | | R | | | | | | | | | |
| S | SHOOT | MEDICAL | 21d INJURY C | OCCURRED | | P.M. | NJURY | 19 | 711 LO | CATION | I, | lone | | - | | | | - |
| N N | S CE | W | | NOT WHILE | | STREET, FACTORY | | | | TREET | | | CITY OR TOW | IN | cou | INTY | | STATE |
| | E . 3 6 F 0 | | AT WORK | AT WORK | | | | | | | | | | | | | | |
| | # K C # H C | | 220 I certi | fy that I took charg | | 0.77 | ed abov | e, held on | Autop | sy 🔲, | Inspection | LX. | Inquiry | , ar | nd in my op | inion | | |
| 0.0 | ME BELLEVIEW | 64.5 | death result | ed fram: Notur | ol couses | X, Ac | cident | , s | vicide | , Homic | cide . | Undete | rmined mai | nner . | | | | |
| | AA WEEK | | ACTUAL | /// | 0 | 00 | | / | | | SPECIFY) | | | | 0.175 | 0.4 | 0 101 | 500 |
| | NEST TO | | SIGNATURE. | 100 | - | 4/ | 97 | ne | M | | puty | MEDIO | CALEXAMI | INER | SIGNE | 0 8/8 | 8/86 |) |
| | NE AND S | - | EXAMINEDS | NAME | | | | | | | 1919 S | Semin | ary R | oad | | | | MD |
| | TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOUDE BE FOUNERAL DIRECTO AFTER DEATH, WITH THE BAUTMORE, MARYLAN | | EXAMINEDS (TYPE ON PRII | | | Rogers | | | | | Silver | | | rionto | omery | Lou | nty | , ויוט |
| | EDSE49 | | | TION, REMOVAL 2 | 36 DATE | | | | | RCREMATO | | 23d. LOC CITY O | RIOWN | | COUN | ITY | STA | 7E |
| 07/84 25M | BP | | Buria. | | Aug | 13,01 | 986 | 01 | Mil | 1 Ce | meter | rly | | | o, N | | 3 8 | les . |
| 23/41 | DHMH - 17 | | JNERAL DIREC | 161 | M | 1 ADDRES | ew | cut | 11/ | | 750. DATE R | IIC 1 | 8 198 | 736 REG | PI BAR GER | CHATUR | 8 | - |
| | (VR A) 5 ME (5)) | S | tewart | Finera | al H | ome-4 | 001 | Benr | ning | Road | , NA | NO.T | 0 190 | 70 | | | | |



| | 1- | FOR STATE | DEPAR | STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | (GIENE) 2 3 | 304 |
|--|-------------|---|--|--|--|--------------------------------|
| 6-4 4 5. * II | | REGISTRAR EASED NAME FIRST FA | MIDDLE N/M/N/O | +NSON | REG. NO. | 126 HOUR 12320 |
| to the ball | 3 SE) em | | Caucasian | 5. DATE OF BIRTH NOV. 19 1929 | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR OF UNDER 24 PR. |
| Jean State of State o | Te | RTHPLACE (STATE OR FOREIGN OUNTRY) NNESSEE TY OR TOWN OF DEATH | US | * MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV | PAINCE OS | TIZE KIND OF BUSINESS O |
| 1000 | 13a. S | LESIDENCE (IF NURSING HOME OF TATE | OR OTHER INSTITUTION GIVE RESIDENCE BEFO | PRO HOSPITAL | | Home |
| Target Services | Id. FA | ryland Cha THER'S NAME James | rles Bryans Fergus | ROAD YES NOXX | | 65/20616 Jarvi's |
| be executed on the property of | | | RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 212-54 | 11 | on same as | #13 |
| quires that the death certi- signed by the attending is her please remove carbon to buriof, cremellan, or re- quiry, or other traumatic en- | NC | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE | AN CANCER, Stage | MINAL DISEASE OR CONDITION GIV | 2 yrs. 10 m |
| he be re | RTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | IN CERTIF | S NO NO |
| fing physics of certificate burish from Mental Hyg | MEDICAL CE | 21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | HOUR A.M. MONTH | DAY YEAR 19 211 LOCATION | RRED (ENTER NATURE OF INJURY IN ITEM 18 P | ART I OR PART 2) |
| NDING PH I or other tree or the h south and a marked g | ME | 22a.1 certify that (I) (this hasp | (AT HOME, STREET, FACTORY, OFFICE | | 3, to Ay | COUNTY STATE |
| At OF ATTE or the hospins defocing for our Dept of a | | saw the deceased alive a above, (1) (worlds), and 22b. SIGNATURE | The body after death. | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c DATE SIGNED |
| TO HOSPITAL returned by the TO FUNERAL should be des with the Store | 73a. B | URIAL, CREMATION, REMOVA | L 123b. DATE 123c | 220 ADDRESS 8926 WWW | 23d. LOCATION | , Chiston todao |
| BP | 24. FU | ប់fial Meral Director un់tt Funeral | P. 0. | rf Md 20601 | Walidoirf Cha: ATE REC'D. BY REGISTRAR 256. REGIST ATE REC'D. BY REGISTRAR 256. REGIST ATE REC'D. BY REGISTRAR 256. REGIST | |

Congression Read graduate 2 min Commen tours, stop it 1 go to be BA 18 way 941-3 ATTENDED TO F WAR KIND OF BELLEVILLE

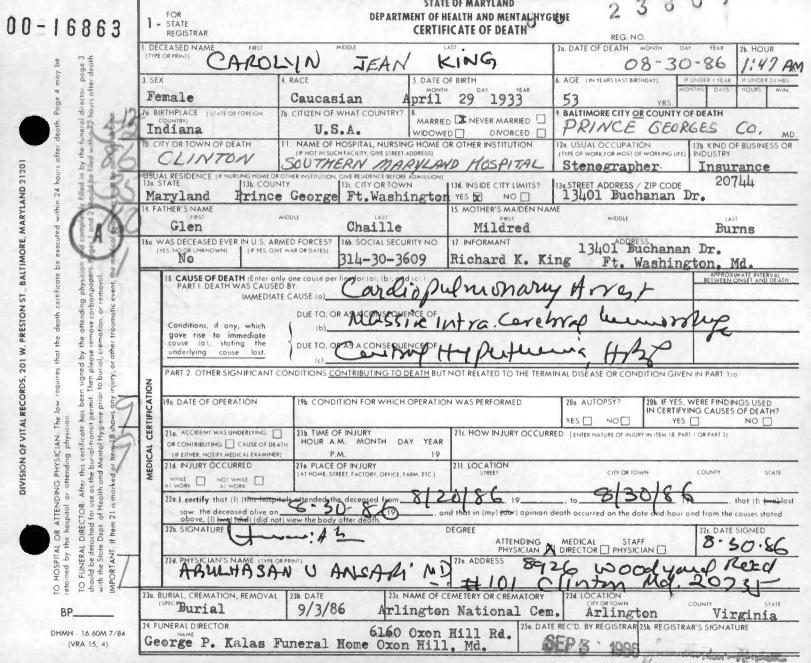
| 00-17163 | Item #1,6,14,15,23Fi FOR STATE REGISTRAR | lm G 620.10.21.86 Def | TA STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL BY CERTIFICATE OF DEATH | GIÉNE 2 3 | 3 0 0 |
|--|---|---|--|---|--|
| A 600 | I. DECEASED NAME (TYPE OR PRINT) FIRST WILL | LIAM R. | JONES | 20. DATE OF DEATH MONTH | 29 86 11.40am |
| ge 4 mby ector, po ns other d | MALE | 4. RACE BLACK | 5. DATE OF BIRTH MONTH Oct. 3, 1927 | 6. AGE (IN YEARS LAST BIRTHDAY) 59 58 YRS | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 1 1 1 1 1 1 C | BIRTHPLACE (STATE OR FOREIGN COUNTRY) ALABAMA | 76. CITIZEN OF WHAT COUNTED STAT | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUN PRINCE GEORGE | |
| 1126 | CLINION MD | "SOUTHERN M | ARYLAND HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MERCHANT SEA | |
| thin 24 for | USUAL RESIDENCE (IF NURSING HOME IS STATE NEW YORK | Spri | ngFd 13d. Inside City Limits? NgFd YES NO 1 15. MOTHER'S MAIDEN NO | 130 STREET ADDRESS / ZIP CO 130 - 39218 ST | |
| 1/22 | Robert Unknown 160 WAS DECEASED EVER IN U.S. A | | SECURITY NO. 17. INFORMANT | ADDRESS | Jones Thamas |
| LTIMOR be seen in Pages for medic | (YES, NO OR UNKNOWN) (IF YES, G | VE WAR OR DATES) 422-2 | 8-7084 Delorse C. | Spring Fiel | ork |
| NSS to the state of the state o | PART DEATH WAS CAUS | ATE CAUSE (a) CAV | 110-60/monery | arest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN S & 5 4 7. |
| that the cuth the chart the chart the chart the chart chart chart that a chart that and a chart that may a chart that and a chart that a cha | Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. | DUE TO, OR AS A CON (b) S DUE TO, OR AS A CON (c) | to centia | | 1-2h-s |
| ALRECORDS, 20 The low-requires Son. Son. Son. Son. Son. Sopres So | PART 2 OTHER SIGNIFICANT | nstroke. | GTO DEATH BUT NOT RELATED TO THE TERM | 100 AUTOPSY? 200. IF IN CER | SIVEN IN PART TO CELL OF STATE |
| SION OF VIT | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED | HOUR A.M. MONTE | 19 21f. LOCATION | CITY OR TOWN | 8 PART 1 ORPART 2) COUNTY STATE |
| DIVI TTENDING pinal or an TTOR. After the use at the of Healing | 220. I certify that Othis has | pital attended the deceased of the state of | from June 5, 1986 | death accurred of the date and h | , 19_86, that (Dwe) lost your and fram the causes stated |
| SPITAL OR A NERAL DIRECTOR OR A NERAL DIRECTOR OR A STATE OF THE OFFI AMILITATION OFFI AMILI | 226. SIGNATURE LONG 226. PHYSICIAN'S NAME (TYPE | Land one | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 272. DAYE SIGNED 8/29/86 |
| TO HOS refusined to Figs should with the | 230 BURIAL, CREMATION, REMOVA | 1 236 DATE | 231. NAME OF CEMETERY OR CREMATORY | 1234 LOCATION CY | actial borotog |
| 999819 | (SPECIFY) Burial 24 FUNERAL DIRECTOR | 9-6-86 | Calverton VA | Long Islan TE REC'D. BY REGISTRAR 25b, REG | COUNTY STATE AND YORK ISTRAP'S SIGNATURE |
| DHMH - 16 60M 7/14 (VRA 15, 4) | THORNTON FUNE | RAL HOME | Pomonkey, Md. S | | JAMES SIGNATURE |

| | | | | | | | UFMARILA | | | 13 | and B | 13 / | 1 | |
|--|---------------|---------------------------|-------------------|---------------|----------------------|--------------|-----------------|---------------|---------------|----------------|---------------------|----------------|---------------|-------|
| 10070 | 1. | FOR STATE REGISTRAR | | | DEPAR | TMENT OF H | EALTH AND A | MENTAL HYG | SIENE | 2 | 20 | | | |
| 18870 | 1.00 | | FIRST | | MIDDLE | | AST | | 2a DATE O | REG. NO | MONTH DA | AY YEAR | 2b. HOUR | |
| n e | | OR PRINT) | | ^ | MIDDLE | | ASI | | ZE DATE O | PUEMIN | 0 1 | a al | 28. HOUR | |
| 9 9 9 | | C1. | aire | | L. | . Ke | nyon | | | |) KC | 7 00 | 11/1 | M |
| a pod | 3 SE | X | 4 RA | CE | | 5. DATE C | | | 6. AGE (IN | EARS LAST BIRT | | F UNDER 1 YEAR | IF UNDER 24 | _ |
| off off | V | TEMALE | | 1.016 | HITE | Dec | | 1904 | 8 | 1 | | ONTHS DAYS | HOURS | M INL |
| Pog Pog | 70 B | RTHPLACE I STATE OR FOR | REIGN 7h CI | ITIZEN OF V | WHAT COUNTRY | 2 8. | | | | | YRS. | OF DE ATH | | |
| 40750 | 7 | COUNTRY) | 70 0 | | | MARRIE | NEVER A | | | | | | | |
| death. | | Michigan | | U.S.A | | WIDOWE | | VORCED | | occupate | | s Count | | MD. |
| 1/0 | A 10 C | ITY OR TOWN OF DEATI | | | HOSPITAL, NURS | | K OTHER INST | IIUIION | | | JN WORKING LIFE) | | F BUSINESS | OR |
| IN VC | M F | yattsville | C | arrol. | 1 Manor | Nursin | g Home | | Hous | ewife | | Own : | Home | |
| Pour Pour | USU | AL RESIDENCE (IF NURSINI | G HOME OF OTHER | INSTITUTION. | | | 1124 INICIDE CI | ITV I IMAITCO | 13e STREET | ADDDESS / | 7ID CODE | #2 | THO | |
| 24 | | aryland | P.G. | | Hyatts | | 13d. INSIDE C | NO [| | | | 20781 | | |
| 量 文宏/ 7gー | | ATHER'S NAME | 1.0. | | Hyacts | ATTIE | - | MAIDEN NA | | JULII | . Ave. | 20701 | | _ |
| 1 10% | | FIRST | MIDDLE | | LAST | | | FIRST | | MIDDLE | m | LAS | | |
| 5 | | oseph | | | ıszewski | | | oria | | | | aniewi | | |
| yes ales | | WAS DECEASED EVER IN | U.S. ARMED I | | 166 SOCIAL SEC | CURITY NO. | 17 INFORMA | NT | | ADDRE | 374 | 4 Patu | xent l | Mano |
| B COO | N | | | | 262-42- | 3677 | Mr. R | lobert | Skarr | Rd. 1 | Davids | onvill | e, Md | |
| te b | | 18 CAUSE OF DEATH | (Enter only one | e couse per | line for (n), (b), (| and (e) 1 | | | | | | APPROXI | MATE INTERVA | ATH |
| fico pop nove ent, | | PART I. DEATH WA | S CAUSED BY: | | CATT | TIAC | AI | PPE | 57 | | | 5 | min | / |
| rer cev | | 1/ | MMEDIATE CA | USE (0) | | / / / / | -//- | -/ -/ - | | | 7 . | | 11110 | |
| o con | | | | DUE TO, OI | R AS A CONSEO | UENCE OF | 150 | price | · par | 1727 | 1/1001 | 2 4 | CAI | 75 |
| dec offe | | Conditions, if any, a | | (b)_ | 4115 | RICIL | CILL | 0// | 3-110 | 1410 | VIPU | - / | 2/// | |
| the reme | | cause (a), stating | the 1 | DUE TO, OF | R AS A CONSEO | UENCE OF | | | | | | 400 | | |
| by ose ose | | underlying cause | lost. | (c) | | | 1777-17 | | | | | | 000 | |
| pled our | | PART 2 OTHER SIGNI | FICANT COND | OITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | AIN AL DISEAS | E OR CONE | OITION GIVE | N IN PART 10 | 0 | |
| Ther to t | N O | MIZH | EIM | 1572 | S ///K | 1-7 | 7156 | 7956 | 2 | | | | | |
| bee mit. | CERTIFICATION | 190 DATE OF OPERATION | ON I | 196 CONDI | ITION FOR WHIC | H OPERATIO | | | 20a AUTO | OPSY? | 20h. IF YES, | WERE FINDIN | GS USED | |
| o | 1 8 | | | | | | | | YES 🗆 | NOIX | IN CERTIFY YES | ING CAUSES | OF DEATH? | |
| ronsit Hygie | 3 1 | 71g. ACCIDENT WAS UNDER | RIVING [] 1 | 21b. TIME O | F IN ILIRY | | 1214 HOW IN | JURY OCCUR | | | | | МОП | - |
| | 1.0 | OR CONTRIBUTING CA | | HOUR A. | | DAY YEAR | 110 110 11 11 | JOHN OCCOR | KED (ENIEKH | ATURE OF INJUR | T IN III CM IB FA | RITORPART 2) | | |
| s certifications of the second | 8 | (IF EITHER NOTIFY MEDICA | L EXAMINER) | P./ | | 19 | | | | | | | 241.5 | |
| I C C - O | MEDICAL | 21d INJURY OCCURRE | | Ne. PLACE | OF INJURY | EARM FIC) | 211 LOCATIO | N | | CITY OR TOV | VN | COUNTY | STAT | E |
| G P er 11 one one | 2 | WHILE NOT WHILE | E | (AT HOME, STA | CET, PACIONT, OFFICE | , FARM, EIC) | 1 | | | | - 1 | 00 | | |
| morph Aft | | 22a.l certify that (I) (t | | ttended the | e deceased from | | 11/1 | 810/12 |) to | (| ERE | 0000 | that (I) film | Inst |
| H S S S S S S S S S S S S S S S S S S S | | sow the deceased | | mended in | 8/286 | 62/ | nd that in (my) | (our) opinion | death occurre | ed on the do | te and hour | and from the | courses stote | d |
| RECTORECTORECTORECTORECTORECTORECTORECTO | | above, (I) (we) (die | d) (did not) view | w the body | ofter death. | 40 | | (cor, opinion | | ou on the oc | ne gna nooi | - | | u |
| or he he | | 276 SIGNATURE | . 15 | 1 | /// | . 1 | DEGREE | TITALDING | 1 44501641 | CTAE | | 224 DATE | SIGNED | las |
| 1 + 1 + 0 + 1 | | Tredou | ch w | . The | Chrol 1 | der | 11/ | PHYSICIAN | DIRECTOR | STAF PHYSIC | IAN 🗌 | 100 | 128/1 | 96 |
| AN Sto | 7 | 226 PHYSICIAN'S NAM | ME (TIPE OF PRINT | 9 | 1 | 1 | 22e. ADDRES | S | | | | 1 | 17 | |
| etoined TO FUN should b | | FRED | FD in | 156 | 1/10/14 | 1/FIN | v .5 | 101 n | MACA | DIHU | R Bh | DNW | Dring | nil |
| TO HOSPITA etoined by TO FUNERA should be de with the Stat | - | 10001 | -/-/- | 7 | 0100111 | VIN | 12 | 10// | 1114/1 | 47/10 | 1010 | 7-1-6-0 | | 10 |
| | 230. | BURIAL, CREMATION, RI | | b. DATE | | | EMETERY OR C | | | ORTOWN | | COUNTY | STAT | E |
| BP | | Buria | 1 ! | 9/2/8 | 6 | ate of | Heaver | | | | | | | lanc |
| IMH - 16 50M 4/83 | 24 F | UNERAL DIRECTOR | | | | | | | | REGISTRAR | 256 REGISTR | RAR'S SIGNAT | URE | |
| /VRA 15 4) | F | Gasch's Sc | ns F H | . P. A | ADDRESS Hvatte | sville | Mary 1 | and S | EP3 | 1986 | 11 - · · · · · · | ALY CONT | Ja hour | |

Donaldson Funeral Home, Laurel, Md

DHMH - 16 50M 4/83

(VRA 15, 4)



00-16863

CAMBLYN JAN KING

roll Baymon

to the second of the second of

Among the manual I had a set of the set of t

The the house in the second

- All in the first the a

2 3

Richard Committee Committe

in sign of models.

121 move 2221

and the state of the

STATE OF MARYLAND 00-17397 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH DECEASED NAME 26. HOUR [TYPE OR PRINT] Greta Klindt 8 30 86 5 DATE OF BIRTH 4 RACE IF UNDER I YEAR IF UNDER 24 HPS 3 SEX AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Keil, Germany IISA Prince George DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR Leland Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Riverdale Housewife Own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 4216 Anthony St 20895 Montgomery Marvland 134. INSIDE CITY LIMITS? YES | NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wilhelm Techel Brockmann Magda ADDRESS Me WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! Uwe E Timpke 577-16-5006 Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiac respiratory arrest IMMEDIATE CAUSE 10) (2 years) DUE TO, OR AS A CONSEQUENCE OF breast cancer & 3 Arteriosclerotic Bilateral Canditians, if onv. which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. disease (many years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO T YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an Sign AM 19.86 and that in (my) (aur) apinion deoth occurred an the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 776 & GNATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be del with the Stat PHYSICIAN S NAME (TYPE ORPRING 22s ADDRESS MPORT HANG ENG MI 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation 5Sept86 Cedar Hill Crematory Suitland Md 24 FUNERAL DRESTOR TE Wilhelm 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE whe founder- garden ADDRESS DHMH-16 25M (VRA 15, 4) 1/79 Suitland, Md. 1986 Funeral Home

(i).

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2ª DATE OF DEATH (TYPE OR PRINT) KORTY 08 86 10:45AM **VERNON** Morris 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS YE 186 WHITE WOUTH MALE 70 BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED PRINCE GEORGE!S Illinois U.S.A. WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY PRINCE GEORGE STE AGENERAL HOSPITAL CHEVERLY N.O.L. U.S. Gov't. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 5406 Quintana St. 20737 Maryland P.G. Riverdale YES X NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Morris Frederick Korty Stella 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Same as (IF YES, GIVE WAR OR DATES) 215-44-2861 Mrs. Margaret Korty No# 13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1:0 BRONCHO PNEUMONIA, RIGHT UPPER LOBE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE 220 I certify that (1) (this hospital) attended the decaysed from. saw the deceased alive on and that in (my) (or) opinion death accurred on the date and hour and from the causes stated obave, (1) (we) (did) (ato not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 8/30/86 Cremation Metropolitan Crematory Alexandria Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 in Davidson Mandelle (VRA 15, 4) F. Gasch's Sons F.H. P.A. Hyattsville, Md.

0331-1

Sepala - pranned Presented Introduction Hermatistics 1 mo timy leading CON WAR FORWARD IN JULY JOHN SON

days

60003

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME FIRST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) Ruth Evelvn KREMANN 11:50P August 23 1986 4 RACE 3. SEX 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Female Caucasian September 4. 1928 TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio Prince George's County USA WIDOWED DIVORCED [IB CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Doctors Hospital of P. G. Co. Homemaker own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3400 Glenn Avenue Maryland Pr. George's Glenn Dale YES K 20769 NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Willard Wilson Edna Hermann 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 3400 Glenn Avenue (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) William C. Kremann Clenn Dale, MD 20769 NO 18. CAUSE OF DEATH (Enter only one cause per line fo PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOC YES [NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) P.M 19 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.l certify tho bur) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23e. BURIAL,

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b

FOR

116000 Annapolis Road

Bowie, MD 20715-3043

27.1986 St. George's Chap. Cem. Glenn Dale

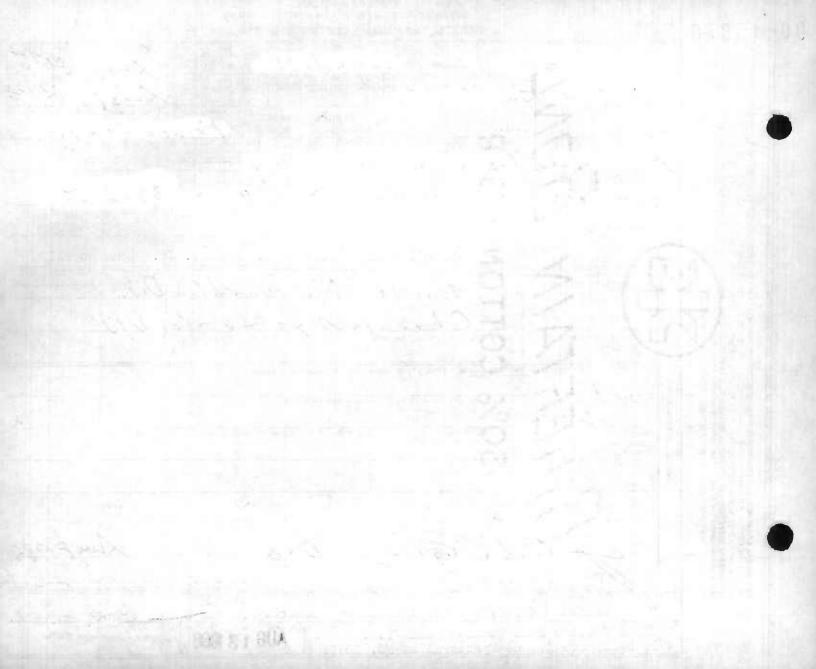
William of the said of the and Fr. George's Cleng 1 22 3400 Glenn Avanue 20759 Begin C. C. C. Sign America Olime Colomo Olime Lale, Mr. 2000 the same of percelection during The state of the second state of the second Commence of the second second Turish Town Boute and American September 2 and Date, 25. Geografic September 2 and September 2 Berll Punital Home Howle, Mr 20, 15-301-3

Lever-in-e-microtropy ages and a market and a control of the contr (E. SET V. MAS) The state of the second section is planting and the second THE STATE OF THE S THE RESERVE OF STREET

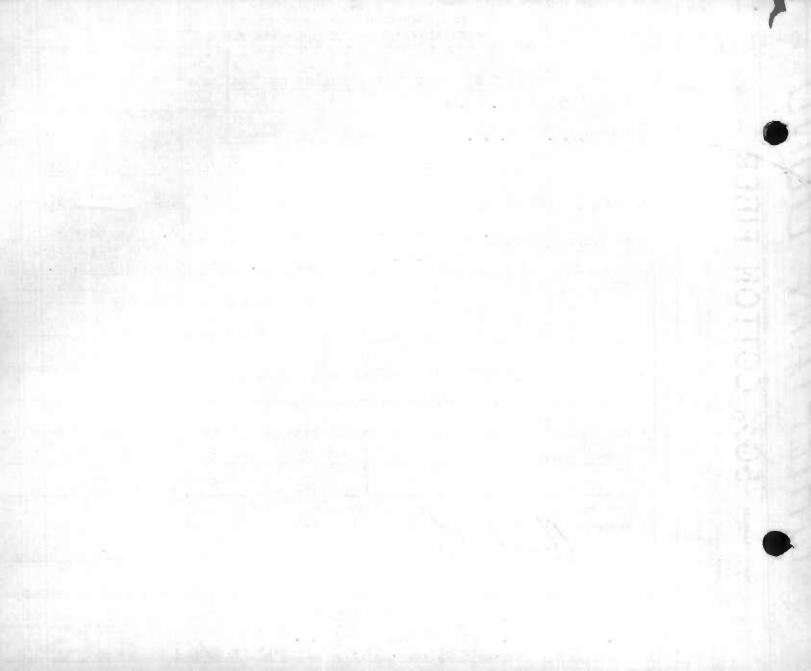
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME O DATE KNOWN (TYPE OF HERE!) OF ESTI-DEATH MATED DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 9 BALTIMORE CITY OF COUNT MARRIED NEVER MARRIED DIVORCED CE GEORGES G MD WIDOWED [120 USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 130 STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER STORMS ICAN'T CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO G 7 In EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 2 TE PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK 278. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Notural couses Accident Suicide Homicide L Undetermined monner MEDICAL EXAMINER EXAMINER'S NAM NEW CASTLE, DEL 07./84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

Paul Standing 3. 31.3 Mois 10-1-7 2011 ist 8.15 86 8 CHARLES HAVE I TING STORY HOUSE WATER BOOK ALLESS TO THE PROPERTY OF " The Town when the to the method Breaks discussed Tropol Perior Depty - 276-26 Junear 19 Beligging - 5009 Bulkum Ct. Cp S. Alex All

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN DO MONTH (TYPE OR PRINT) AL DIRECTO.
YOUR FILES.
HIN 72-HOURS ESTI Landolt Mary Anne DEATH MATED 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19 Female White 1918 68 DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Prince George's County U.S.A. WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR IMDUSTRY Housewife Leland Memorial Hospital Riverdale Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) VES NO 1 STREET ADDRESS 4002 33rd Mt. Rainier P.G. Street Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Helen Rolfes Knops Anthony 17. INFORMANT (Husband) 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 220-07-1608 Herbert L. Landolt. Jr. Same as #13 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIA YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE COUNTY WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FLUNEAL DIRECTOR, PAGE AFTRE DEATH, WITH THE STATE BALTIMORE, MARYIAND, 2120 220. I certify that I took charge of the remains described above, held an and in my apinian Notural couses death resulted from: Accident Suicide Homicide ... Undetermined manner TITLE (SPECIFY: ACTUAL SIGNATUR EXAMINER S NAME John S. Rogers 1919 Seminary Road Silver Spring, Md ADDRES 230 BURY CREMATION, REMOVAL 236 DATE 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION 08/13/86 Burial Gate of Heaven Cemetery Silver Spring Montgomery Md. 07/84 25M Francis Gasch's Sons Funeral Home, P.A. DHMH - 17 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME DATE KNOWN X MONTH (TYPE OR PRINT) Susan DEATH MATED Langston 4. RACE 3. SEX 2:23 PRONOUNCED Female White Dec. 12,1968 17 DEAD 5/ 1086 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Washington, D.C. DIVORCED Prince George's County M CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK Greater Laurel/Beltsville Hospital Student School Laurel 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Columbia Howard 5809 Calico Maryland 21044 Court 15 MOTHER'S MAIDEN NAME Julia Marshburn Warren Langston 17. INFORMANT 1746 Clarksville Pik 216-92-2117 Warren W. Langston Clarksville, MD. 21 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Cranio-cerebral Trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190. DATE OF OPERATION DED 10 E 3 SHOULD BE DE-E DEPARTMENT OF HE 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING NOR 8/ 5/19 86 occupant of auto/lost control/ejected CONTRIBUTING CAUSE OF DEATH 12:50AM TIE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 197 & Mallard Dr., Laurel, Md. roadway PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTHMORE, MARTHAND, 2 220 I certify that I took charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) ACTUAL 8/5/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE Catonsville Maryland 8/8/86 Westview Crematory Cremation 07/84 25M Lehoy M. & Russell C. Witzke Funeral homes P.A. DATE REC'D. BY REGISTRAR **DHMH - 17** 5555 Twin Knolls Road, Columbia, MD. 21045 (VR A15 ME (5))



| | 1 00 | REGISTRAR | | | LAS | ATE OF DEATH | | REG. | | | |
|--|--------------------|--|--|--|--|--|-------------------------------|--|--|--|----------------------------|
| 175 | | CEASED NAME FIRST ERNE | | A | | ALLEY | | 20. DATE OF DEATH | STITE 8 | 19820 | 2123. |
| To de la | 3 SE | x | 4 RACE | 41 | 5. DATE OF | BIRTH | | AGE (IN YEARS LAST ! | | | UNDER 24 HR |
| | | RTHPLACE (STATE OR FOREIGN | Cauc. | WHAT COUNTRY? | ************************************** | 23 2 | | BALTIMORE CITY | YRS. | DE DE ATU | |
| 1 11 67 | | COUNTRY YORK | USA | WHAT COUNTRY: | MARRIED | NEVER MARRIE DIVORCE | D | Prince (| | Procesin | ٨ |
| 128 | | ITY OR TOWN OF DEATH | 11. NAME OF I | HOSPITAL, NURSIN CHEACHITY, GIVE STREET A Grow Med | G HOME OR | other institutio Center | | 20. USUAL OCCUPA EXPE OF WORK FOR MOST RETIFED | | 126. KIND OF E | USINESS C |
| 255 | 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU | | GIVE RESIDENCE BEFORE 13c CITY OR TOWN Ft. Wash | N 11 | BE INSIDE CITY LIM | | 3. STREET ADDRESS 7514 Blar | ZIP CODE | r. 2074L | |
| (4) | DA. FA | ATHER'S NAME Ernest | MIDDLE | LaValley, | | Anna | ENNAME | wip II. | | Kelly | |
| Poper / | | WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) | | 166. SOCIAL SECUI | | orraine l | K. La | | RESS Same as | item 13 | 3 |
| oth certificate rading physic corbon pape it, or temosol, notic event, th | | (E) CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA | ED BY: ATE CAUSE (a) | CARDIO | Pulmo | DIOPULMON NOT OBE | | ARREST | PASE | APPROXIMA BETWEEN ONS | TE INTERVAL ET AND DEAT |
| that the de- d by the offi- ease remove of, cremotion | | Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. | (b) | R AS A CONSEQUE | Cost | DENTE (CO) | (4.0°) | T TO SEAL | LKOL | | |
| to the district | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT N | OT RELATED TO TH | E TERMIN | IAL DISEASE OR CO | NDITION GIVE | N IN PART Tra | |
| 3 2223 | 」 ≍ | | 196 COND | ITION FOR WHICH | OPERATION | WAS PERFORMED | | 200 AUTOPSY? | IN CERTIFY | WERE FINDING | S USED DEATH? |
| he los regular la persona de l | TIFICAT | 190 DATE OF OPERATION | | | | | | YES NO | 162 | | |
| C.C.A.M. The low required to shrincon services has been a cold-transit perimit. The mail Hygiene prior to remult from the file from any intuition only intuition. | CAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE) | Alli | OF INJURY ,M. MONTH DA .M. | AY YEAR | TE HOW INJURY C | CCURRE | D (ENTER NATURE OF IN | | RT 1 OR PART 2) | |
| UG PHYSE (AN) The low-inquiry of the control of the | MEDICAL CERTIFICAT | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE | EATH HOUR A. ER) P. | ,m. month da .m, | YEAR 19 | RIL LOCATION STREET | OCCURRE | | JURY IN ITEM 18 PAR | COUNTY | STATE |
| TENDING PHSSC MY The formation photol or otherwise the best to configure the best for use as the busine from the permit for use as the busine from the photol of Health or of American Hygure print to 21 is marked at the set of the permit from the photol of the permit from the photol of the permit from | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 2781 certify that (this hasp saw the decaysed alive a | HOUR A. RR) P. 21e PLACE (AT HOME STE | ,M. MONTH DA ,M, OF INJURY REET, FACTORY, OFFICE, FA The deceosed from 19 | AY YEAR 19 ARM. ETC.) | II LOCATION STREET 19 | 86 | D (ENTER NATURE OF IN | JURY IN ITEM 18 PAG | COUNTY | r (we) lo |
| ALOR ATTENDING PHSCAN The forman the hospital or otherching shrincial at DiRECTOR. After the certificate to teached for use as the bissol transfer entering to Dept. of Health an Assembling certain to | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WO | HOUR A. RR) P. 21e PLACE (AT HOME STE | ,M. MONTH DA ,M, OF INJURY REET, FACTORY, OFFICE, FA The deceosed from 19 | AY YEAR 19 ARM, ETC.) ARM, ETC.) | II LOCATION STREET 19_ that in (aur) a | 8 G pinian de | CITY OR CITY OR The occurred on the | TOWN date and hour of | COUNTY 9 B . the ond fram the car 22c. DATE SK | t (we) lo uses stoted |
| TO HOSPITAL OR ATTENDING THIS CAN THE OF INTERIOR OF ATTENDING THIS CAN THE OFFICE AND THE OFFICE OF THE OFFICE OFFICE ATTENDING THE OFFICE OF | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINED CAUSE OF DE LIFE ETHER NOT WHILE AT WORK NOT WHILE CAT WORK (this hosping saw the deceased dive a above. If we'll did it. | ATH HOUR A. P. 21e PLACE (AT HOME STE | ,M. MONTH DA ,M, OF INJURY REET, FACTORY, OFFICE, FA The deceosed from 19 | ARM. ETC.) | CONTRACTION STREET That in (aur) a GREE ATTEND PHYSIC | BG pinian de ING IAN | D (ENTER NATURE OF IN | JURY IN ITEM 18 PAR TOWN Adde and hour of the lician | 98 the ond from the car 22c. DATE SIG | it 🎓 (we) lo |

V13871-00 Towns in the secret to maintain and the secret secretary of wife. entition of the state of the st treatt as seen geffetel. . sergeonic 1977-d-100 9801-8664 as see moderation with the contract of the contract o U.S. If the black com Hill He. Cann Hill, Co.

tion, Agriculation in to bright the last the first the formation of a contract the first the in the state of th effective -- office

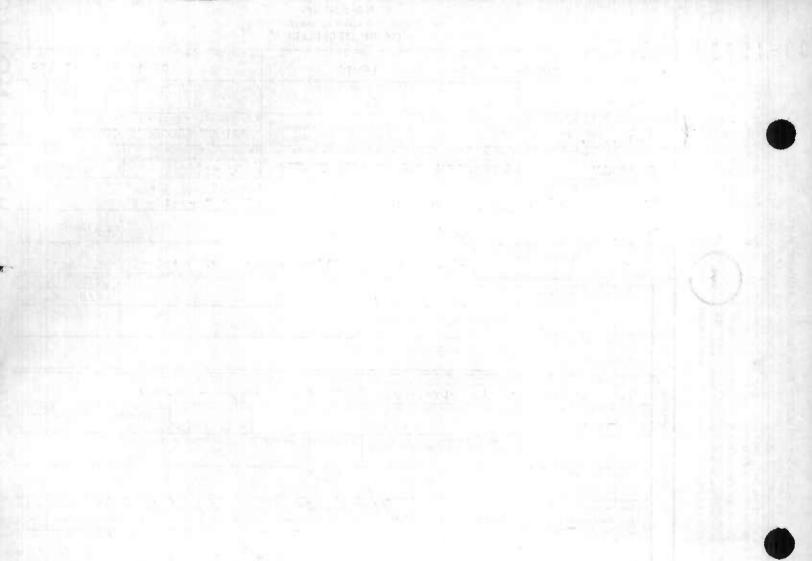
ADE. 5, 1935

A SUPERINTED AND A SUPERINTED AND ASSESSMENT OF THE SUPERINTED ASSESSMENT OF THE SUPERINTED AND ASSESSMENT OF THE SUPERINTED ASSESSMENT OF THE SUPERINT OF THE SUPERINTED ASSESSME DIT OF AMERICAN TO THE WIND HE PARKED MY THE WIND CALCULATION BE OF BUILDING

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH 76 HOUR TYPE OR PRINTS August 27, 1986 8:12 Theophile Michael LEVESOUE 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 VEAR MONTH Male White 1936 April 5/0 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IISA Canada Prince Gaorge WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR Doctors Hospital self employed trucking of Pr Geo Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr George 13c_CITY OR TOWN 134 INSIDE CITY LIMITS? 9446 Washington Blvd Maryland Lanham NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Violet Levesque Louise George ADDRESS 166. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) Same as #13 042 28 Evelyn V Levesque 1445 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per the for (q), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS AICONSEQUENCE OF underlying couse w carcin PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ARMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 200 AUTOP IN CERTIFYING CAUSES OF DEATH? YES [NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.l certify that (1) (this haspital) intended the deceased from 19<u>86</u>, and that in (my) (our) apinion death accurred on the date and have and from the couses stated the body after de 77h SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL 128/86 PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME RIPEOFPRINT 22e ADDRESS should b Richard J. Feldman M.D. 9500 Annapolis Rd., Lanham, Md. 20706 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY 2 Sept86 Burial Md Veterans Cemetery Cheltenham PG 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL ROBert E Wilhelm DHMH - 16 60M 7/84 Funeral Home Suitland, Md. (VRA 15, 4)

e e

| | | 1- | FOR STATE REGISTRAR | | DEPA | RTMENT OF H | E OF MARYL EALTH AND ICATE OF I | MENTAL HYG | IENE | 2 3 REG.NO. | 8 8 | 2 | |
|--|----------------------------------|-----------------------|---|---|---|---------------------------|---------------------------------------|--------------------|--------------------------------------|--------------------|--|-------------------------|--|
| 10-1533 | 8 | I. DE | | RS1 | MIDDLE | | AST | | 2a. DATE OF | | DAY | YEAR | 2h HOUR |
| poge 3 | | ITYPE | OR PRINT) | CARRIE | М | L | EWIS | | | 08 | 10 86 | 5 | 1 45P M |
| E 0.0 | | 3. SEX | | 4. RACE | | S. DATE C | | YEAR | 6. AGE (IN YE | ARS LAST BIRTHDAY) | MONTHS | DAYS | IF UNDER 24 HRS |
| ge 4 ectar | | | Female | Blac | | 06 | 14 | 1900 | 86 | | rRS | | |
| Poorth. Po | - | | Wash., D. C | | OF WHAT COUNT | RY? 8 MARRIE WIDOWE | | MARRIED X | | E CITY OR COL | | | MD. |
| is ofter do | 94 | | Y OR TOWN OF DEATH CHEVERLY | 11. NAMI (# NOT PGG | E OF HOSPITAL, NU IN SUCH FACILITY, GIVE ST HOSPITAL | AND MED | | | 12a USUAL O (1YPE OF WORK Dome | FOR MOST OF WORK | | USTRY | BUSINESS OR Stics |
| LAND 212 | et must be | 13a. S | | COUNTY | 13c. CITY OR 1 | OWN | 13d, INSIDE (| NO | 7731 | DDRESS / ZIP | | 2 | 0785 |
| MARYLA markin mpletely is and 2 shr | E C | | horton | MIDDLE | Lewis | | Lucy | FIRST | | WIDDLE | Br | ooks | |
| AORE, execut | V | | AS DECEASED EVER IN (ES, NO OR UNKNOWN) | U.S. ARMED FORCE FYES, GIVE WAR OR DA | | | 17 INFORM | ian Aye | rs 52 | ADDRESS 2 Datel | eaf Av | | MD Seat Plea |
| W. PRESTON ST., BALTIN the death certificate be y the attendate profition to remove canad paper. | 8 shows any injury, or other tro | | Conditions, if ony, w gove rise to immed couse (a), stating | CAUSED BY: MEDIATE CAUSE (DUE 1 hich inte | (1 | COSI- | \$ | | | | - 8 | APPROXIM BET WEEN OF | ATE INTERVAL NSET AND DEATH |
| N. Hysi | | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFI De C D 1 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS 116 EITHER, NOTHY MEDICAL II 210. INJURY OCCURRED | N 196 C YING 196 | NS CONTRIBUTING ONDITION FOR WH IME OF INJURY JR A.M. MONTH P.M. P.M. LOS OF INJURY ONE OF INJURY ONE STREET, FACTORY, OF | DAY YEAR | Strok In was perfo | ORMED NJURY OCCURR | 1200 AUTO | PSY? 20b. | IF YES, WERI CERTIFYING O YES EM 18 PART I OR | E FINDING CAUSES (| GS USED |
| L OR ATTENDI the hospital or L DIRECTOR: A toched for use e Dept. of Heal | MPORTANT: If them 21 is marked | 2 | WHIE NOT WHIE AT WORK 220 I certify that (I) (the state of the state | is hospital) afterior | led the deceased from | om | DEGREE | | MEDICAL | STAFF PHYSICIAN [| d hour and f | | |
| TO Horizon | <u>×</u> | 230 | URIAL, CREMATION, REA | | TE I | 23c NAME OF C | EMETERY OR | CREMATORY | 123d LOCA | TION | | Y | 1- |
| BP | | | Burial | | 16-86 | | n Memor | | | RIOWN | MD COUN | NIA | STATE |
| | | 24 F | INERAL DIRECTOR | 1 0- | | | n remoi | 25e. DAT | E REC'D. BY R | EISTRAR 256 R | EGISTRAR'S | SIGNATO | IRE" |
| DHMH - 16 60M (VRA 15, 4) | | V: | nn & Willia | me /10 | 04 Ga Av | ESS | DC | AUG | 13 190 | D. U | | 0 | |
| | | | un <u>u и п п п</u> | 40 | UT GO AV | C. T. NW. | | | | | | | |

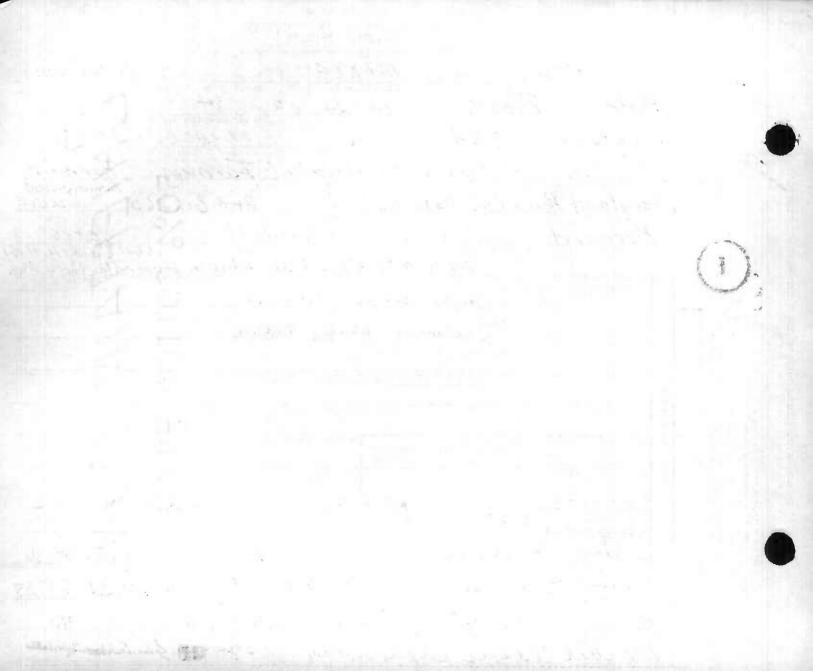


| | 1 | | | | | S | TATE OF M | ARYLAND | | | | | | | , |
|--|----------|--|------------------------------|--------------------------------|-------------------------------|------------------|---------------|---------------|------------------------------|---|----------------|--------------|-----------------------------------|---------|-------------------|
| 4858 | | FOR STATE REGISTRAR | | | | ARTMENT | TIFICAT | AND MEN | | NE 6 | REG. NO | 3 | o a | 6 | |
| - 04 | | CEASED NAME | FIRST | 10 | MIDDLE | | LAST | | | 2a. DATE OF | DEATH | MONTH | DAY YE. | AR 2b | HOUR |
| 1 | | | GLOR | | LEDSON | | LONGO | | | | | | 04 81 | | 0.050 |
| 1 | 1. SE | × | | 4 RACE | | | TE OF BIRT | | YEAR 6 | AGE (INY | EARS LAST BIRT | HDAY) | MONTHS D | | OURS MIN. |
| 1 11 0 | | FEMALE | | WHITE | | | OV. | , 192 | | 62 | | YRS | | | |
| 200 | J/a. B | IRTHPLACE STATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUN | ITRY? 8 MA | RRIED K | NEVER MARK | RIED D | BALTIMO | | | | | |
| 11 /4 | 1 | TENN. | | U.S.A | | | OWED | DIVOR | | PRINC | | | | | MD. |
| 111111111111111111111111111111111111111 | | OHEVERLY | | PGG HC | SPITAL | STREET ADDRESS | MEDICA | | | 120. USUAL ((TYPE OF WOR) RET-PL | BLICA | TION | | TRY | T. of |
| de de la companya de | 13a | AL RESIDENCE (IF NURS | 13b. COUN P.G. | 1TY | 13c. CITY OR GREEN | TOWN | 13d IN YES | ISIDE CITY L | | 3e.STREET A | | ZIP COD | e PKWY#: | | 20770 |
| 10 // | H.E. | ATHER'S NAME | | MIDDLE | LAS | T | 15. MC | OTHER'S MA | IDEN NAME | | MIDDLE | | | LAST | |
| 25/12 | 2 | G. | E. | | LEDSON | | | LUC | Y | | | | MEY | | |
| Page 4 | | WAS DECEASED EVER YES, NO OR UNKNOWN) | | MED FORCES? | 166. SOCIAL | | | FORMANT | | | ADDRE | SS | 16. | 5 13 | |
| 12 1 | | NO | | | 415-1 | 8-823 | 3 F | ROBERT | J. L(| ONGOOL | | SAME | AS I | | #13) |
| d by the unauding philosopic customp and cremoting, as remoting or remoting or other fraumatic even | | Canditions, if ony, gave rise to immacause (a), stotir underlying cause | , which mediate ag the lost. | DUE TO, O (b) DUE TO, O (c) | R AS A CONS | SEQUENCE (|)F | | | | | | | | |
| Then p | NOI | PART 2 OTHER SIGN | VIFICANT C | ONDITIONS <u>C</u> | ONTRIBUTING | S TO DEATH | BUT NOT R | ELATED TO | THE TERMIN | NAL DISEAS | E OR CON | DITION GI | VEN IN PAR | RT 110 | |
| 11112 | THEATION | 19a DATE OF OPERA | TION | 196 COND | ITION FOR W | HICH OPER | TION WAS | PERFORME | D | 200 AUTO | PSY? | IN CERT | S, WERE FI IFYING CAU ES [] | USES OF | |
| Partition of the second | CAL CERT | 21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI | CAUSE OF DEA | HOUR A. | OF INJURY M. MONTH M. | DAY Y | AR 21c. F | iow injury | OCCURRE | D (ENTER NA | TURE OF INJUR | Y IN ITEM IS | PART I OR PAR | 21 | |
| the seed of the se | MEDICAL | 21d INJURY OCCUR | HILE | 21e. PLACE (AT HOME, STI | OF INJURY REET, FACTORY, O | FFICE, FARM, ETC | | STREET | | | CITY OR TO | WN | COUNT | IY | STATE |
| ECTOR, A ed for use at of Healt em 21 a m | | 22a I certify that (I) saw the deceas abave, (I) (we) (a 22b. SIGNATURE | ed don | 8-4 | / | 10.86 | and that | in (my) (our) | 9 X 6) apinian de | to 8 | 1 | te and ho | | , ,,, | |
| ERAL DIS | | TX | AME (TYPE O | ende | Ha | liv | M | ATTEN PHYS | NDING ICIAN 🔀 | MEDICAL | STAF PHYSIC | F IAN 🗌 | | 7-5 | - 86 |
| TO FUN Should be with the | | LAWRI | ENCE | SATIN (| MD. | | - | 7500 | | | | TE 10 | 03, GI | REEN | 20770 BELT, Ma |
| 35 | | BURIAL, CREMATION, | | | 000 | | | RY OR CREM | | | OR TOWN | | COUNTY | ~ | STATE |
| _ | 74 E | CREMATION UNERAL DIRECTOR | V | 18-5-19 | 100 | CHAI | BERS | CREM | ATORY | | ERDAI | | P.G. | U. | Md. |
| AH - 16 60AA 7/84 (VRA 15, 4) | | W. CHAM | BERS (| 20- | RTVF | RDALE | Md - 2 | 20737 | AITE | REC'D. BY R | GISTRAR | WIEGI | aridan. | Man | A STATE OF |

To the Market Control of the Control organic chickens as the contract of the contra (re see a ton) or int a see a final at a see at THE REAL PROPERTY OF THE PROPE The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME a DATE KNOWN A MONTH JOHN CAMERON MAIR (TYPE OR PRINT) ESTI-LZIV DEATH MATED 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED NOVEMBER 23,1907 DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED X NEVER MARRIED FOREIGN COUNTRY) ENGLAND ENGLISH WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY SELF EMPLOYED ENTREPRENEUR 130 STATE 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND PRINCE GEORGES COLLEGE PARK YES NO [9122 BALTIMORE AVE. 20740 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST **JAMES** CAMERON MAIR NELLIE WILSON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO NONE JOYCE MAIR, WIFE, SAME AS ITEM 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WOLLE STREET, EACTORY, FARM, FTC.) CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAN death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL JOHN ROGERS. SEMINARY ROAD, SILVER SPRING. **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE BURIAL 8/15/86 LAKEMONT MEMORIAL GARDENS DAVIDSONVILLE, MARYLAND BP. STEER OF STEER STE 24 FUNERAL DIRECTOR RICHARD RAPP, INC. **DHMH** - 17 1804 T ST., N.W., WASHINGTON, D.C. (VR A15 ME (5)) 20M 4/82

| 00 1017 | | FOR | Den a | STATE OF MARYLAND | 2 3 8 | 6 3 |
|--|---------------|--|---|---|--|--|
| 00-161/4 | 1 | - STATE REGISTRAR | DEPA | RETAIL OF HEALTH AND MENTAL HYC | REG. NO. | |
| | | CEASED NAME FIRST | MIDDIE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| nay be poge 3 | (,,,, | ROP ROP | TE L | MAKLE | 08 | 18 86 4:20 PM |
| ge 4 may | 3. SE | Male | Black | S DATE OF BIRTH MONTH DAY OF 24 102 | 6. AGE (IN YEARS LAST BIRTHDAY) 84 YRS. | IF UNDER 1 YEAR IF UNDER 24 HRS |
| nerol dir | 7a. 8 | RIHPLACE (STATE OR FOREIGN AV4 and | 76. CITIZEN OF WHAT COUNT | RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | PRINCE GO | YOFDEATH GORGES MD. |
| of with | 10. 0 | ITY OR LOWN OF DEATH | 11. NAME OF HOSPITAL, NUI | RSING HOME OR OTHER INSTITUTION REET ADDRESS! HOSPITA! | 12ª USUAL OCCUPATION | 126. KIND OF BUSINESS OR INDUSTRY Farming |
| 2120 | - USU | AL RESIDENCE (IF NURSING HOME OF | R OTHER INSTITUTION GIVE RESIDENCE B | EFORE ADMISSION) | CONTROL ADDRESS (TID COD | Rangel (Midrall) |
| LAND in 24 h | M | aryland Pri | nce Geo Mal | CO/m 13d INSIDE CITY LIMITS? YES NO 1 | 13e STREET ADDRESS / ZIP COOL 12 Bt : 3 Box 260 | 20613 |
| MARY | | Bernard | MIDDLE Mak | le Elizab | eth MIDDLE | Vates |
| BALTIMORE, | | WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIALS VE WAR OR DATES) 214 18 | 8037 Christine | Johnson Uppe | Marlboro, Md. |
| BAUT. | | PART I. DEATH WAS CAUSE | | CARDIAL LREES | + | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| N ST | | IMMEDIA | TE CAUSE (a) | | 3 (| |
| e death of a chendin marten, or thoumself. | | Conditions, if any, which | DUE TO, OR AS A CONSE | 1016. | 24 | |
| W. PRE of the d by the d se remain cremat | | gave rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSE | | | |
| DS, 201 quires 11 signed hen plea na burial | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GI | IVEN IN PART 1(a) |
| RECOR n. nos been permit. T ne priori | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FOR WE | IICH OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta N |
| A E S S E S S | A FE | 710. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | |
| SICIAN: ng physicartificat certificat viol-tran lem 18 s | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
| PHY endii this d or | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | 21f. LOCATION | CITY OR TOWN | COUNTY STATE |
| DIVI DING or oth se os the ealth ar | | AT WORK | ital) attended the deceased for | all of trupul me | 10 August 18 | . 19 86 , that (I) (me) lost |
| A S S S S S S S S S S S S S S S S S S S | | | August 18 | 9 86 , and that in (my) (our) opinion | death occurred an the date and ha | |
| t ep he he he | | 27k SIG ATURE | ot) view the body offer death. | DEGREE | | 22c. DATE SIGNED |
| 1 + 1 + 2 - 1 | | - thent | - Aryman | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 08-20-89 |
| HOSPITAL ined by the FUNERAL wild be deta th the Stote | 1 | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | | 4 |
| TO HOSPITA TO FUNERA Should be de | | Stunet J. | COOMMAN | 7501 SURRA | HS RD, CLINA | OU, MD 20735 |
| BP | 23a | BURIAL, CREMATION, REMOVAI | 200000 | STPHILIP'S EPISC. | 23d. LOCATION | D COUNTY MA STATE |
| | 351 | UNERAL DIRECTOR | xxug 86 K | | TE REC'D, BY REGISTRAR 256 REGIS | STRAR'S SIGNATURE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 1 | Hartell a | Idams Co | guascothe A | US 2.6 1980 Sidio | Thuiston Handelle |
| | | | , | U | | |



STATE OF MARYLAND 00-81762 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DATE KNOWN DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Suzanne Maples 8 1719 86 4 RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2d HOUR DATE VEAD LAST BIRTHDAY) PRONOLINCED 9:45P 23,1984 Lomalo white Dec DEAD 17 19 86 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Germanu Prince George's County, D. CITY OR TOWN OF DEATH IF NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Greater Laurel/Beltsville Hospital N/A Laurel N/A SUAL RESIDENCE (IF IN NURSING OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Howard YES X 8321 Perri Drive Savage NO [] 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Steven Maples Suk Mi Lee 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) Steven Maples same as above none CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a S SHOULD BE USED AS A BUILDEPARTMENT OF HEALTH ALL PRIOR, TO BURIAL, CREMAN CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING YOR HOUR TO MONTH DAY YEAR 17,0 86 Subject suspended by bedclothes in crib CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LAT HOME III LOCATION STREET, FACTORY, FARM, ETC.) MD. AT WORK AT WORK 8321 Perri Drive home Savage Howard AGE 4 SHOULD BE FORW D FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST 22e. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Accident X Natural causes Hamicide Undetermined manner TITLE (SPECIFY) SIGNED 8/18/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. 404 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION burial Aug 21.1986 Holly Hills Cemetery Knoxville Tennessee 07/B4 24 FUNERAL DIRECTOR DHMH - 17 Donaldson Funeral Home P.A. Laurel, Maryland (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH 2b HOUR MARGOS TTYPE OR PRINTS ADELAIDE 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH May 26, 1903 Female Caucasian To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. USA Prince Georges WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESSOE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 5900 Bell Station Road Glenn Dale Nat'l Education Clerical 1136 COUNTY 13e STREET ADDRESS / ZIP CODE Frince Georges Glenn Dale Maryland NO XX 5900 Bell Station Road 20769 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST George W. Harker Nellie Mae Childs ADDRESS 6180 Glenn Dale Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWN) LIE YES GIVE WAR OR DATEST 579-24-0973 Janice E. Darrow Glenn Dale, Maryland no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) UNINARY MACT INGERTION Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause EIM IMPARTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NO! WHILE 220.1 certifue haspital) attended the deceased from DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIA should by 1500 GREENWAY CAR DA GREENS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Aug. 19 1986 St. Georges Cemetery Burial Glenn Dale, Prince Geo., Md. 24 FUNERAL DIRECTOR 16000 Annapolis Rd. 256. REGISTRAR'S SIC DHMH - 16 60M 7/84 (VRA 15, 4) Beall Funeral Home Bowie, Md.

MELHIE C. MARGON S STORE STORE Famile Coursetin May 20, 1903 83 Akgeg. Clean and 9900 Bell Station Boad Dieffell Helpharica Maryland Frince Courage Clem Lole at 9000 Rell Station Road 10769 Lancing W. in Every Land 9 Politics Mac Children 6100 Clenn Dals Bd. Pyg-2-07/3 Jonies S. Lorrow Glenn Del. Mary Mond DESCRIPTION PORT PROPERTY WITHOUT MATE MUSTING STREET THE STEEDS TO B OF TALL AT BUTTON PARTY STATE OF THE TOTAL PROPERTY OF THE The local benefit (sigl need) the benefit of the local file of the line of . Mi alfogunak 000cl

ball canural hose a Powle, Md.

| a | | | | | DEPART | STAT MENT OF I | | ARYLAND AND ME | | HENE | 0 3 | 8 | 2 8 | |
|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|
| 160.56 | | REGISTRAR | | ME | | EXAMIN | ER'S C | ERTIFIC | ATE OF E | PEATH | REG. N | 10. | 6 | |
| なる思想に | | | EIRST MES | G. | WIDDLE | Maro | hali | LAST | | OF | ESTI- | MONTH | DAY YEAR | 26. HOUR |
| 2000年 | 3. SEX | male Blo | ack 5. | MONTH DAY | 06 | LAST BIRTHDA | Y) MONT | | | PRONOUN | VCED | MONTH - 15 | DAY YEAR | 68 |
| | | REIGN COUNTRY) | | | | TRY? | | | ER MARRIED DIVORCED | | | | | MD. |
| PAGE S | Cl | neverly | 1 | FINEL (| Zeng | TREET ADDRESS) | ust | ER INSTITUTION | 74 | EOR MOST OF WOR | PATION (TY | PE OF WORK | OR INDUS | USINESS TRY |
| ANY AND 3 | USUA 13a S | L RESIDENCE (IF IN NURSIN | OCOUNTY | P.G. | I3d CITY Land | OR TOWN OVER |) (N) | | NO 7 | | | Rd. C | 2070 | 85 |
| 10000 | | FIRST | A | MIDDLE b., | | | | FIRS | ST | AME | IDDLE | Hebr | last con | |
| ATTER D SIVE PAG SIVE | Téa. V (Y | VAS DECEASED EVER IN 15. NO. OR UNKNOWN) (IF | V.S. ARME YES, GIVE WA | D FORCES? R OR DATES) | 100 | | | 17. INFORMA | ANT | 6 arshal | | Stand | ish D | |
| EM 18 CENTRO WILL CENTRO WILL CENE, DR. AL. | | PART I DEATH WAS | CAUSED B | Y: 1/2 7 | | | e Co | rdio- | cerebi | some | | | APPROXIMA | TE INTERVAL |
| THIN 24 | | | | (b) | AS A CON | ISEQUENCE (| F | | | .4 | | | | MI |
| INTED W IN PEN EXAMIN RIAL - TR D MENT | | | | DUE TO, OR | AS A CON | ISEQUENCE C | OF , | | | | | | • | 2.01 |
| BE EXECUTED IN THE PROPERTY OF | NO | PART 2 OTHER SIGNIFICANT CO | noitions con | ACCEPTING TO DEATH | BUT NOT RELA | TED TO THE TERM | NAL OISEASI | OR CONDITION (| GIVEN IN PART 1 | α. | | | | |
| HEF LED LES | FIFICAT | 190. DATE OF OPERATION | NC | 196 CONDI | TION FOR | WHICH OPER | ATION W | AS PERFORM | ED? | | | | 20 AUTOPS | NO [7 |
| SATAN STATE OF THE | | UNDERLYING OR | | HOUR A.M | MONTH | DAY YEAR | 21c. HC | OW INJURY C | CCURRED (E | NTER NATURE OF IN. | JURY IN ITEM 18 | S PART 1 OR PART | 2} | |
| WRITING WRITING ARDED AGE 3 SH ATE DEP | MEDI | WHILE NOT WI | HILE [| | | | | | | CITY OR TO | WN | COUR | NTY | STATE |
| ANNER: 11 FICATE, OF FORW CTOR: P. THE ST LAND, 2 | | | | | | | | | Inspection | | | ind in my api | nion | |
| AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF TH | | ACTUAL ALL | qual | 34.6 | duge | us_ | м | | ECIFY) | | 1 | DATE | 8-76 | 86 |
| MEDIC RECUTE TI NGE 4 SI FUNER TER DEA | - | EXAMINER'S NAME | ucus? | TO RRO | sug, | uz. | | ADDR 30 | 1. 0 | yhum | Ct.C | Sm | BYCRO | Med. |
| BP | | Clicati | OVAL 236. | DATE /20/86 | | | | EM. F | ARK | EMAIDO | | 2 EOUNT | MD. | STATE |
| DHMH - 17 (VR AT5 ME (5)) 15M 2/80 | 24. FI | | GTON | L SOAIS | 1925 | BURR | 01/6/18 | | | BY REGISTRA | R 256 REC | SISTRAR'S SIG | GNATURE | |
| | TO MEDICAL EXAMINES: HIS CREMINICALE SHOULD BE EXECUTED WITH THE CREMINICALE. WRITING THE WORD."FENDING" IN PENY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINATE OF UNREAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL—TRAFFED CEATH, WITH THE STATE DEPARTMENTACE HEALTH AND MENTAL BRAITIMORE, MARYLAND, 21201 PR OR TO BURIAL, CREMATION, OR | TO MEDICAL EXAMINEE; INIS CERTIFICATE, SECURED MITHIN 124 H DIRECTOR. SECURITE THE CERTIFICATE, WIRTING THE WORD "FEXURE ALONG THE MEDICAL EXAMINER ALONG THE MEDICAL EXAMINER ALONG THE CHIEF MEDICAL EXAMINER ALONG THE CHIEF MEDICAL EXAMINER ALONG THE CHIEF MEDICAL EXAMINER PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PAGE 3 SHOULD BE TO THE CHIEF MEDICAL CREMATION. OR REMOVAL. SET TO THE CHIEF MEDICAL CREMATION OR REMOVAL. MEDICAL CREMATION OR REMOVAL. | IO CITY OR TOWN OF DEATH Cheverly IO CITY OR TOWN OF DEATH Cheverly III CONTROL IN INCOME Cheverly III CALLEGE BEING IN INCOME III CALLEGE BEING IN INCOME III TATLE SIDENCE IF IN INCOME III FATHER'S NAME FIRST Dennis I | THE COLUMN OF DEATH CHARACTER COUNTRY WAS CAUSE OF DEATH (Enter only part i Death Was Cause of Death (Type Can part) The CAUSE OF DEATH (Enter only in the Underlying Couse lost. The CAUSE OF DEATH (Enter only part i Death Was Cause of Death (Type Cause of De | DETAIL OF CONTRIBUTING OR PRINTING OR PRIN | TO STATE REGISTRAR T. DECEASED NAME (TYPE OR PRINT) A RACE T. DECEASED NAME (TYPE OR PRINT) TO STATE (TYPE OR PRINT) TO COTO PRINT) TO COTO PRINT PART PA | BE CAUSE OF DEATH (Enter only one course persime for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one course persime for (a), (b), and (c). 19. Conditions, if any, which gove rise to immediate course (a) stating the underlying course lost. 19. CAUSE OF DEATH (Enter only one course persime for (a), (b), and (c). 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 19. Cause of DEATH (Enter only one course persime for (a), (b), and (c).) 10. Canditions, if any, which gove rise to immediate course (a) stating the under-lying course lost. 10. Canditions, if any, which gove rise to immediate course (a) stating the under-lying course lost. 10. Canditions, if any, which gove rise to immediate course (a) stating the under-lying course lost. 10. Canditions, if any, which gove rise to immediate course (a) stat | DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CONTROLL STATE REGISTRA REGISTRA REGISTRA REGISTRA MEDICAL EXAMINER'S CONTROLL STATE REGISTRA REGISTRA MEDICAL EXAMINER'S CONTROLL STATE REGISTRA REGISTRA MEDICAL EXAMINER'S CONTROLL STATE REGISTRA MEDICAL EXAMINER'S CONTROLL STATE REGISTRA MEDICAL STATE REG | DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (177 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (177 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA REGISTRA REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) TOECAS ED NAME (178 COR PARM) DEPARTMENT OF HEALTH AND ME REGISTRA TOECAS ED NAME (178 COR PARM) TOECAS ED | DECRATEMENT OF HEALTH AND MENTAL HYD STATE STATE MEDICAL EXAMINER'S CERTIFICATE OF IT MODIT ADDITION SEX LACE JOAN JOSE AND JO | DEPARTMENT OF HEATTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME (1906 CAMPON) DECEASED NAME (1906 CAMPON) (1906 CAMPON | DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEA | DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. TO CHEER TO CHEER THE REG NO. TO CHEER T | DEPARTMENT OF HEALTH AND MENTAL HOGENE MEDICAL EXAMINER'S CERTIFICATE OF DATE THO AREA OF THE STATE OF DATE MEDICAL EXAMINER'S CERTIFICATE OF DATE THO AREA OF THE STATE OF THE STAT |

The second of th 160 man 1879 Of the application in Law Controller and London Comments proper mathering. Chaquete & France - paper - 14 th

| | | | | STATE OF MARYLAND | 444 | |
|--|---------------|---|--|--|--|--|
| 00-15732 | 1. | FOR STATE | DEPAR | TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | rgiene 6 2 3 | 8 2 4 |
| 00-13/34 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| | | CEASED NAME FIRST | WIDDIE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| ay be oage 3 death | (1.41) | CHI= | STER LEE | MARTIN S | R 8. | 14-86-600 PM |
| de de | 3.56 | × VIII | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| E Her | 1 | | | MONTH DAY YEAR | O. MOE (INTERNSTRATIONAL) | MONTHS DATS HOURS MIN. |
| rs oct | 100 | Male | Caucasian | Aug. 14 1946 | 40 YR | 5. |
| 2 to 0 | 70. B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | (? 1 | BALTIMORE CITY OR COUL | TY OF DEATH |
| # 25 F | 1 | COUNTRY) | | MARRIED WEVER MARRIED | _ D: // | - 1 . 12 |
| e e e | | Kentucky | US | WIDOWED DIVORCED [| | FOREUS (OMD. |
| in 100 1 | 10_C | ITY OR TOWN OF DEATH | MAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | 126. KIND OF BUSINESS OR |
| ed to to | | C'LINTON A | Sa. MAN.11 | MAND HOSPITH | T 74 4 | Constructi |
| 1200 ours | rtisu | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION GIVE RESIDENCE BEFO | 4 . 1 - 2 | ======================================= | 2 COMBET GET |
| d d d | 13a : | STATE 136 COUN | TY I3c CITY OR TO | WN 134. INSIDE CITY LIMITS? | | DDE |
| N C ES D | 1 | aryland | Chas. Waldo | orf YES NO DE | 3084 Hunti | ngton/20601 |
| irhin | 14 F | ATHER'S NAME | | 15. MOTHER'S MAIDEN I | NAME | |
| A STEP |) | James | MIDDLE LAST | FIRST | MIDDLE | O-33 d |
| X S S S S S S S S S S S S S S S S S S S | | | Mart | | ie June | Collier |
| xecu md c ges | | WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI | MED FORCES? 166 SOCIAL SEG | CURITY NO. 17. INFORMANT | ADDRESS | |
| MORE e exec n and e Pages medice | | No - | | Lagar Margerui | te A. Martin | same as 13 |
| ALTI | | | | | ce m. martin | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| By cot | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) | ly one couse per line for (a), (b), a D BY: | Constant - | r. 1 D + | BETWEEN ONSET AND DEATH |
| ST. | | IMMEDIAT | E CAUSE (o) | us will | Cuyles awart | |
| S ding | | | DUE TO, OR AS A CONSEQ | UEN FERE | | |
| soth sorth | | Candidana if any 111 | | rul Colema | | |
| de de root | | Conditions, if any, which gave rise to immediate | (b) Cereb | an exerca | | |
| d the second | | couse (o), stoting the | DUE TO, OR AS A CONSEQ | UENGE OF an A | 11. R | |
| by the safe of the | 100 | underlying couse lost. | 1 melys | late Melenomo le | Me Brain | |
| 20 pleed | | PART 2 OTHER SIGNIFICANT C | | DEATH BUT NOT RELATED TO THE TE | LACITICIACO DO ESA ESTO LA IALMENT | CIVEN IN DART 1 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rathereding physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages It and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Only them 18 shows any injury, or ather traumatic event, the medical examiner must be an order or the medical examiner. | z | TAKE OTTER STOTE TEACH | CONTRIBUTION | DOCALL BOTTO RECALED TO THE TE | CAMILLASE DISEASE ON CONDITION | GIVEN IN PART TIO |
| OR en Tri | 은 | | | | | |
| BC an | 5 | 190. DATE OF OPERATION | 1%. CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| L Nos | 프 | | | | YES T NOT | YES NO NO |
| IIA | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 121c HOW INJURY OCC | URRED (ENTER NATURE OF INJURY IN ITEM | |
| DF VITA CIAN: TI physici physici physici physic m 18 sh | | OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | CENTER PARTORE OF THOSE IN THE | , o () a () a () a () |
| SICIA ng pl certif mol-t entol | 3 | (IF EITHER, NOTIFY MEDICAL EXAMINER | P.M. | 19 | | |
| M. M | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCATION | | COUNTY STATE |
| ISI the the the cond | Z | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE | E, FARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| DIV Syfte | | AT WORK AT WORK | | | | |
| Z = Z = S | | | ol) ottended the deceased from | 3. 1 | 6 10 8-14 | , 19 <u>86</u> , that (I) (we) last |
| orto TO TO for of t | | sow the deceased alive an above, (1) (we) (did) (did not | 8 19 | 66, and that in (my) (our) apini | on death occurred on the date and | hour and Irom the causes stated |
| R A hos hos hos hed ept. | | 22b. SIGNATURE | view the body offer death. | DEGREE | | 22¢ DATE SIGNED |
| 0 0 0 0 0 | | 00.1.1 | a Tentent | MIN ATTENDING | MEDICAL _ STAFF _ | 21,-11 |
| HOSPITAL ined by the FUNERAL uid be detected in the State ORTANT. It | | Munuer | Jean | PHYSICIAN | DIRECTOR PHYSICIAN | 0115186 |
| SPIT LER STAN | | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | 22e ADDRESS | WALPE | 1- md. 20601 |
| Os Par | | Multinel | 11-10-14-120 | in Main. | = MI-DI | |
| TO HOSPITA TO FUNERA Should be de with the Stot | _ | MINICITABL | LEATHERWO | | 111K DICHE | PANIC. SOISour |
| F 2 - 4 / 3 | 23a. | BURIAL, CREMATION, REMOVAL | 23b DATE 23e | NAME OF CEMETERY OR CREMATOR | 23d. LOCATION | COUNTY STATE |
| BP | F | (SPECIFY). Surial | 8-20-86 | Crinity Memoria | | 01 |
| | | UNERAL DIRECTOR | | | DATE REC'D. BY REGISTRAR 25b. REC | Chas. Md. |
| DHMH - 16 60M 7/84 | | luntt Funeral | | DOX TOO | | |
| (VRA 15, 4) | 1 | and rundlar | Waldon | of, Md. 20601 A | UG 1 8 1986 | Taydon Mandelle. |

THE THE RESERVE THE PARTY OF TH read Symposized I All the same to I will be and best in The Control of the Co at an least addition with the second state of the second s LANGE CONTRACTOR OF THE PROPERTY OF THE PROPER The state of the same of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) 4, 1986 F. Martinsky August 10:45a Nora 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF UNDER 24 HRS 1 SEX Female White MONTH YEAD April 20. 1901 85 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Prince George's U.S.A. Alabama DIVORCED [WIDOWED [126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greenbelt Greenbelt Nursing Center Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YESXX 9527 Franklin Ave/20706 Seabrook NO [Maryland Pr Geo FATHER'S NAME 15 MOTHER'S MAIDEN NAME Tony Favet Tommie Luther 9520 Franklin Avenue 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 579-20-0890Erwin Martinsky Seabrook MD 20706 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY Congestive heart failure One day DUE TO, OR AS A CONSEQUENCE OF Unknown Chronic brain syndrome Conditions, if any, which gave rise to immediate cause to), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Generalized arteriosclerosis Unknown PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from November 11 saw the deceased alive an August 4, 19 86, and that in (my August 4 86 19 63 to and that in (my) (our) apinian death occurred on the date and hour and from the causes stated abave, (1) (me) (did) (did not) view the body after death

226 SIGNATUR

tollusun 224 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN ADDRECTOR PHYSICIAN

22c DATE SIGNED

Carl J. Houmann, M.D. 23a BURIAL, CREMATION, REMOVAL

4400 Queensbury Road, Riverdale, Md. 20737 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

8-6-86 Fort Lincoln Cem Burial

August 4, 1986

Brentwood 14 FUNERAL DIRECTOR Rendon/Hale Lanham Funeral Home 9013 Annapolis Rd, Lanham, MD 20706

DEGREE

No ... Yes - - Western marriage, Seabrook, Ab 2036 Fort street Sen deepthood. Reputable Cit pur amort I will be bearing the sound of the

8/11/86

7601 Sandy Spring Rd Laurel MD

Fleck Funeral Home Inc. ADDRESS

Meadowridge MEM Pa

20707

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2ri DATE OF DEATH MONTH 2b. HOUR August 08, 19886 Masonis 9:50P M A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Prince Georges County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Supervisor Heavy Equip. 13e.STREET ADDRESS / ZIP CODE 410 4th Street unknowb 8126 Fenwick Ct. Laurel MD 20707 APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED

COUNTY

Davidson-Randelle

Howard

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

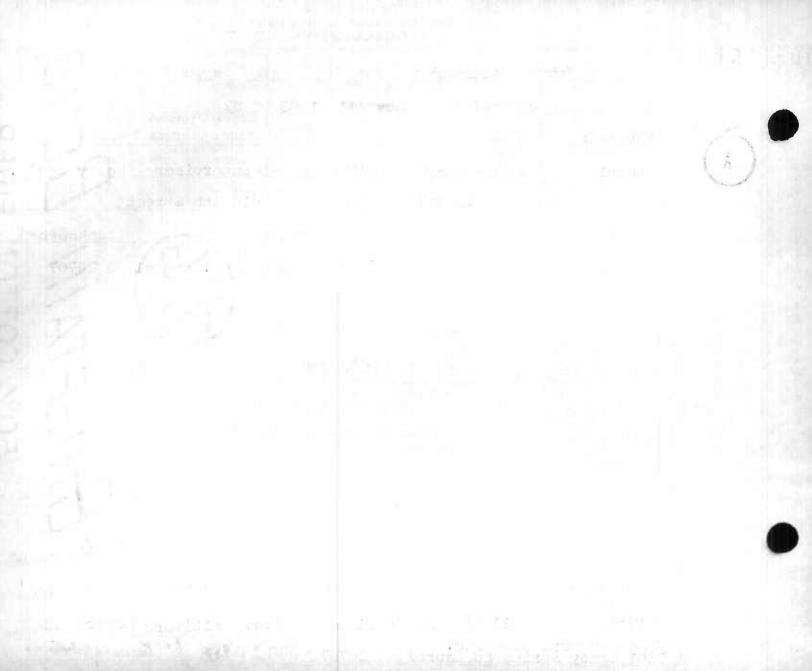
FOR

REGISTRAR

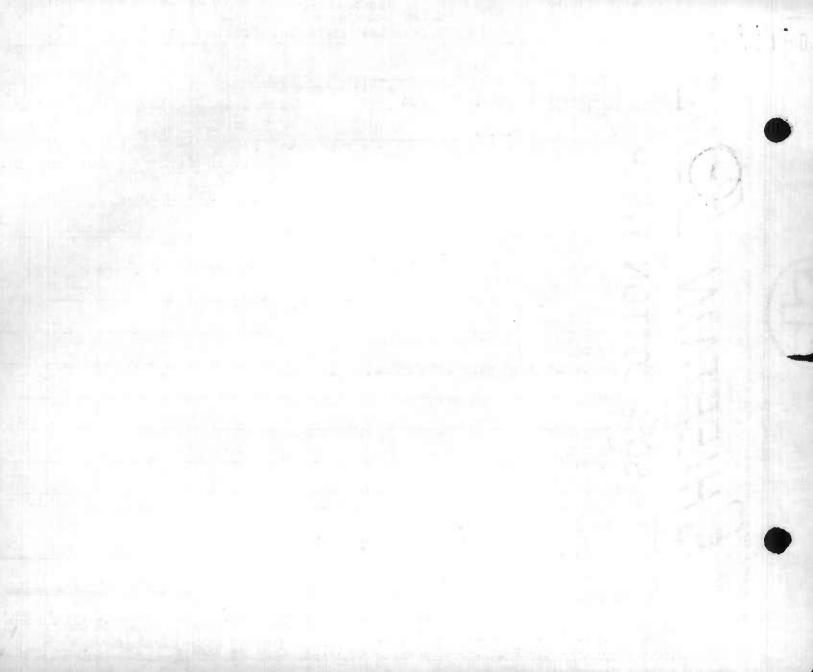
DECEASED NAME

- STATE

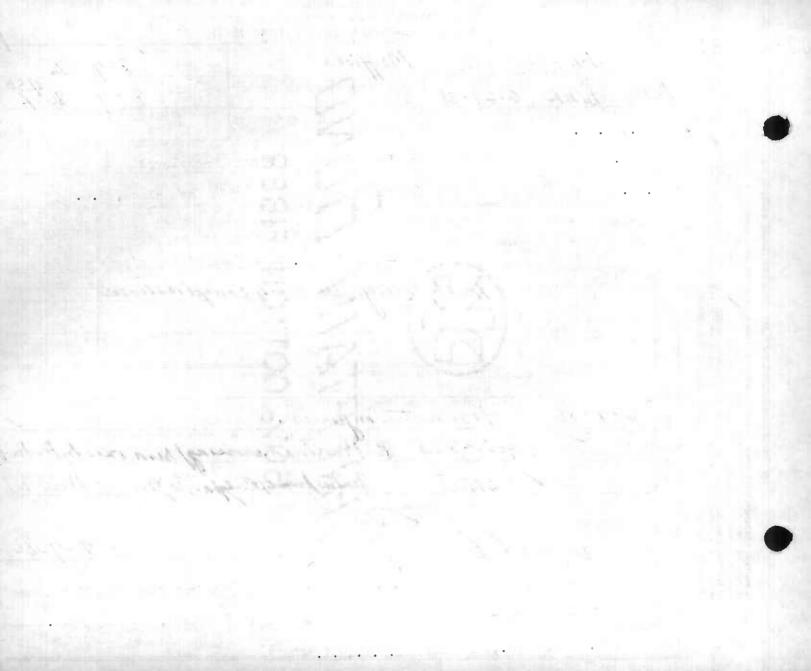
1994 COURSES-VI



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST KNOWNXX MONTH a DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-Ad am HOURS STREET. Rocer Mastin 8-2 1986 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE DAY LAST BIRTHDAY PRONOUNCED 6:31 Male 1086 Caucasian DEAD 6-16-1962 24 D. M BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Maryland WIDOWED DIVORCED Prince George's County. ID CITY OR TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Stock Clerk Furniture Co. Cheverly Prince GEorge's General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO □ 5011 52nd Avenue Prince George's 20781 Maryland Edmonston YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gloria Arthur Mastin Buonviri 166 SOCIAL SECURITY NO. 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) 220-78-8983 No Gloria Curry Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI YES XX NO 71a EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8 PART 1 OR PART 2) E3 SHOULD B DEPARTMEN UNDERLYING XXXOR HOUR XX MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5: 49P.M. 1986 motorcylist in collision with auto 8-2 21d INJURY OCCURRED 21e PLACE OF INJURY CATHOME. 211 LOCATION PAGE 4 SHOULD BE FORM. PAGE 3 S TO FUNERAL DIRECTOR. PAGE 3 S AFTER DEATH, WITH THE STATE DEL BATIMORE, MARYLAND, 2120 P STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Edmonston Rd. & Decatur St., Hyattsville, Prince street Autapsy X George's Co., Md. 22a. I certify that I taak charge at the remains described above, held an Inspection death resulted frag Natural causes cident Suicide Hamicide Undetermined manner Assistant MEDICAL EXAMINER 8-3-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 8-6-1986 Fort Lincoln Cemetery Prince George's Md. Brentwood 07/B4 Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 25M **DHMH - 17** Julia Davidson Randala 4739 Baltimore avenue Hyattsville, Md. (VR A15 ME (5)) 20781



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN MONTH OF OF ESTI-IF LINDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 55 DEAD YRS BIRTHPLACE ISTATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) USA Wash., D. C. WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Prince George's Md. General Hospital Unemployed None AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d | MSIDE (11Y LIMITS? | 13e. STREET ADDRESS | Place, S.E. | YES X NO [] COUNTY Washington FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gassaway Flexix Lottie Henderson 166, SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 579-40-8136 Ms. Cleo Thomas/sister/same as 13e 18 CAUSE OF DEATH (Enter only one cause purpose for the land (c IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEAT 211 LOCATION WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an-Accident A deoth resulted from: Natural couses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodriguez. M.D. ADDRES 5009 Rayburn Ct . Temple Hills, Md 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 8-12-86 Suitland N 1750. DATE REC'D. BY REGISTRAR'S SIGNATURE Lincoln Memorial 24. FUNERAL DIRECTOR John T. Rhines Co., 3015 12th St.N.E., D.C. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH MONTH LIYPE OR PRINTS MCCLEARY George Marshall August 30, 1986 6. AGE IN YEARS LAST BIRTHDAY) SEX 5 DATE OF BIRTH MONTH Male Nov. 4, 1895 Caucasian To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Pennsylvania U.S.A. Prince Georges County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Lanham Doctors Hospital Painter D.C. Gov't. 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 6903 23rd Avenue Maryland Prince George Hyattsville YES T NOF 20783 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Milton McCleary Unknown Harshman 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Paul M. McCleary, Same as Line #13 220-44-2054 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which cause (a), stating the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M I IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive and and that in (my) (pur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) with (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS John F. Brennan, Jr. 3415 Hamilton Street, Hyattsville, Md. 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE Burial 9 - 3 - 86George Washington Adelphi. P.G. Maryland 250. DATE REC'D. FRANCIS SEGASCH, S SONS FUNERAL HOME, P.A. DHMH - 16 60M 7/B4 4739 Baltimore Avenue, Hyattsville, Maryland (VRA 15, 4)

AL ALTERNATION TO SERVICE TO SERVICE THE PROPERTY OF THE PROPE

45 Lauria (488 A. 919 a.

| | | | | | STATE OF MARYLAND | | |
|--|--|---------------|--|---|---|---|--|
| 00-1 | 4341 | 1 - | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE 2 | 3 6 5 5 |
| | | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MO | NTH DAY YEAR 26. HOUR |
| pe | poge 3 | (TYPE | OR PRINT) | H. | MCCRACKEN | 2 | 8-3-86 3-AM |
| шау | o do | 2 SE | (| 4 RACE | 5. DATE OF BIRTH | & AGE (IN YEARS LAST BIRTHDA | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 0ge 4 | s offi | | Male | Caucasian | Oct. 19 1917 | 68 | YRS. DAYS HOURS MIN. |
| eoth. Po | nerol di n 72 ho | | RTHPLACE (STATE OR FOREIGN COUNTRY) | U.S.A. | MARRIED X NEVER MARRIED WIDOWED DIVORCED | PRINCE GEOR | |
| s offer o | by the fu | - | ILINION MD | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWE STREET SOUTHERN MARY | G HOME OR OTHER INSTITUTION ADDRESS) LAND HOSPITAL | Description Description Description Description Description | |
| 24 hou | filled in | 13e. S | AL RESIDENCE (IF NURSING HOME OF ITATE 13b. COUT | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) /N 1136 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZI | P CODE 20745 |
| 4 | 2 sh | 14. FA | THER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | ME | |
| 7 p | 100 | | 111101 | H. McCrac | ken Lillian | В. | Laney |
| ecute | dical | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOCIAL SECU | | ADDRES | L Modoc Lane |
| S × | Poges medico | | res. NO OR UNKNOWN) (IF YES, GIT | Korea-VI 168-09- | 4803A Margaret L. | McCracken Fo | rest Heights, Md. |
| ALI ote b | pers. | | 18 CAUSE OF DEATH (Enter or | nly one couse per line for (o), (b), on | d (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| i i | physical phy | | | TE CAUSE (0) 5 TA PAL. | cours) Saptical | 1'A | 7 dellas ? |
| Z J | | | | DUE TO, OR AS A CONSEQU | | | |
| deot E | move carb notion, or traumatic | | Conditions, if ony, which | (b) | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMONE, MAKYLAND, ING PHYSICIAN: The low requires that the death certificate be executed within 24 or offending physician. | ed by the collease removial, cremoi | | gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUE | ENCE OF | | |
| DS, 20 | signed hen ple a buria jury, ar | Z | PART 2. OTHER SIGNIFICANT | 1 . 0 - | DEATH BUT NOT RELATED TO THE TERM | 1 | ION GIVEN IN PART 110 |
| 0 , | mit. Il prior t | ATIO | 190 DATE OF OPERATION | 100 CONDITION FOR WHICH | Rheumatein AR | | DIS IF YES, WERE FINDINGS USED |
| Jo vo | | CERTIFICATION | DATE OF OPERATION | THE CONDITION FOR WHICH | OFERATION WAS FERFORMED | 11 | CERTIFYING CAUSES OF DEATH? |
| The The | ronsit per Hygiene 18 shaws | ERT | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21, HOW IN HIRY OCCUR | RED (ENTER NATURE OF INJURY IN | YES NO |
| OF O | orial-tron ental Hy Item 18 | | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH D. | AY YEAR | VED LEWISK MYTOKE OF INJUST IN | HIEM 16 PART FORPART 2] |
| G PHYS | s the bu | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| o No | se o se o man | | 220 I certify that (I) (this hosp | tal) ottended the decegsed from_ | 7/27 19.86 | , to | 1976 , that (I) (ma) lost |
| TTEN | for u | | saw the deceased alive an | | 36, and that in (my) (aut) opinion | death occurred on the date | and hour and from the causes stated |
| OR A Pos | hed ept. | | 276 SIGNATURE | or view the body offer death. | DEGREE | | 224. DATE SIGNED |
| | at D te D T. H | | CM -D | od de | ATTENDING PHYSICIAN D | MEDICAL STAFF DIRECTOR PHYSICIAN | 8/3/86 |
| O HOSPITAL | should be dere with the State | | 224 PHYSICIAN'S NAME (TYPE | edzbala, M.D. | 22e ADDRESS | | Washington, Md. |
| P € BP. | 0 dg 3 8 | 230 E | SURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 23c. 1 8/6/86 Ar | NAME OF CEMETERY OR CREMATORY lington Nat'l. Ceme | 23d LOCATION etery Arlingt | on Virginia |
| DHARA | - 16 60M 7/84 | | INERAL DIRECTOR | | The same | E REC'D. BY REGISTRAR 256 | 0 |
| | RA 15 4) | Ge | orge P. Kalas I | Funeral Home Tr | O Oxon Hill Rd All | G 5 1006 | lia Davidson Bandalle |

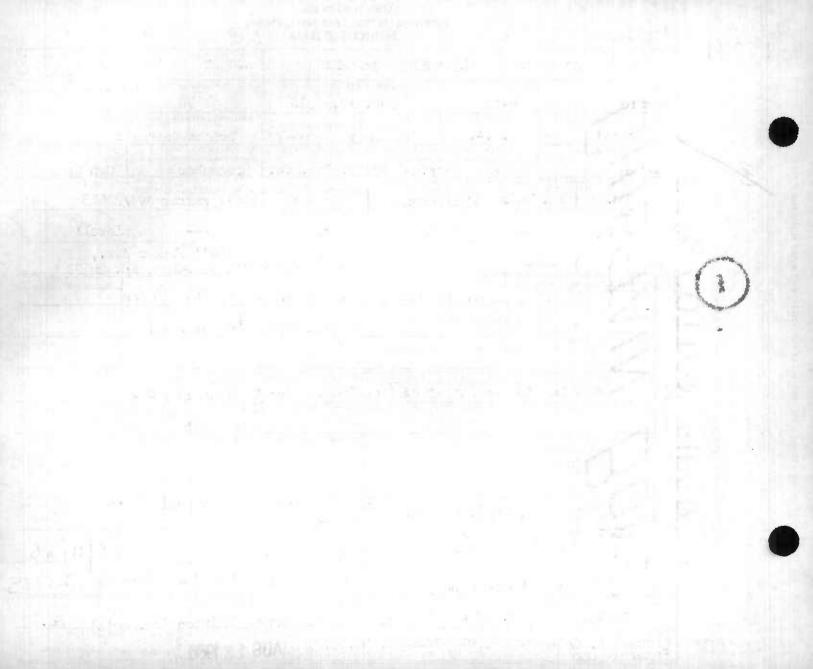
Se Tiel of tol minimum 97 I no kak kan Though . The same will be the same of the The will-ward-to be all the average . Nowacken lower being that, phiredly neighbor process for the deep mileting vectors F. Bulan Statuted Lome Than Mile. Mr. Mile. 15-12 26 310 WHILE IN THE RATIONAL SINES (A) RECORDED STEE THE PIRE and the state of t

(VRA 15, 4)

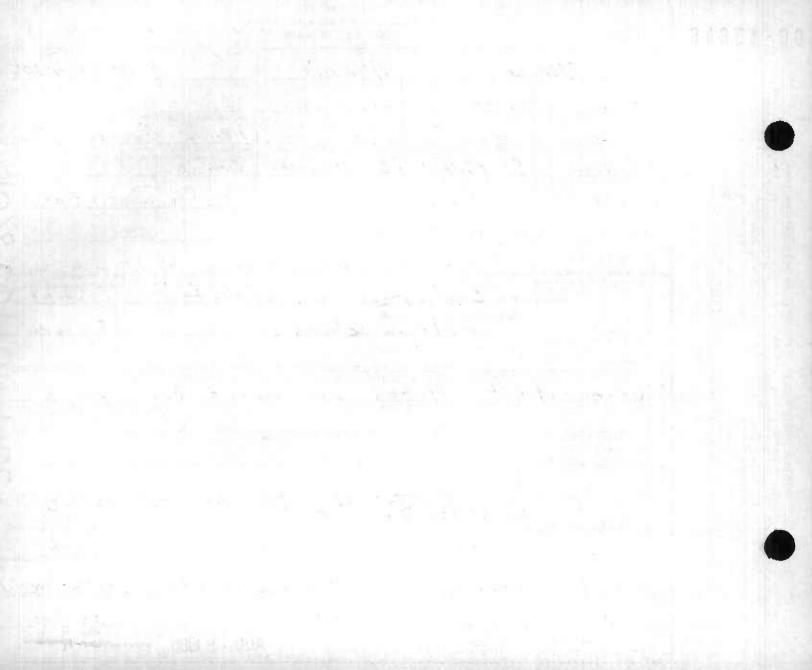
Funeral Home

ruha Davidson Margaria

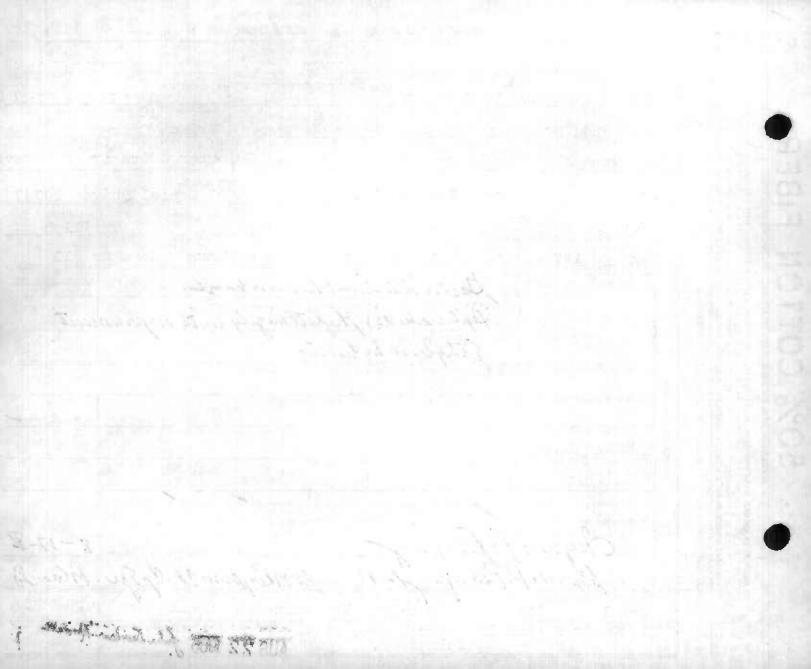
STATE OF MARYLAND



| | | | | | | | 1 | | STAT | E OF MARYLAND | | | | |
|-----------|--------------------|-------|----------------|------------|---------------|---|------------------------|---|--------------|-------------------------------------|---------------------|---------------------------|-----------------|----------------------------|
| _ | _ | | 1 | 0 | 1 | FOR STATE | | DEPART | | EALTH AND MENTAL HYG | HENE | 2 3 8 | 3 3 | 8 |
| | 0 - | | 561 | 6 | | REGISTRAR | | *************************************** | CERTIF | ICATE OF DEATH | | REG. NO. | | |
| | | | | | | CEASED NAME FIRS | | MIDDLE | į | AST | 20 DATE OF DE | ATH MONTH | DAY YEAR | 26 HOUR · |
| | | pe | so th | | (TYPE | OR PRINT) | RTIL | | M | eNAIR | | 8.1 | 4-86 | 6 4.30 PM |
| | | moy | poge er deo | | 3. SE: | | 4. RACE | | S. DATE C | | & AGE (IN YEARS | LAST BIRTHDAY) | IF UNDER I YEA | |
| | | 4 | ctor | | F | emale | Blac | ck | Mar | 00 2000 | 60 | YRS. | AONTHS DAYS | S HOURS MIN. |
| | | Pog | dire | 0,10 | 7a. B | RTHPLACE (STATE OR FOREIG | | WHAT COUNTRY? | 8. | | T - | CITY OR COUNTY | OF DEATH | |
| 4 | | oth | erol 72 | 49 | - | orgia | USA | | WIDOWE | D NEVER MARRIED DIVORCED | PRIN | 4- GE | on Be- | · C COMP |
| • | | p va | e for | o d | | TY OR TOWN QF DEATH | 11. NAME OF | | IG HOME C | OR OTHER INSTITUTION | 120 USUAL OCC | CUPATION | 12b KIND | OF BUSINESS OR |
| - | 1 | offe | led v | 336 | | PLINTON | Sp. I | MARY LA | | HUSPITAL | Retir | e most of working life | E) INDUSTRY | |
| 010 | | Jours | in b | be | | AL RESIDENCE (IF NURSING HO | | N. GIVE RESIDENCE BEFOR | E ADMISSION) | | | | 71 77 | フロフリヤ |
| 9 | | 24 1 | illed | 33 | | | .G. | Temple | Hil: | 13d. INSIDE CITY LIMITS? YES 🕅 NO 🗌 | | ress / zip code Temple | | Road, 70 |
| 5 | 3 | thin | 2 sho | ine i | _ | THER'S NAME | | | ***** | 15. MOTHER'S MAIDEN NA | ME | | | |
| 9 | * | 3 | nple | Sol | 10 | seorge | Washingt | on Dri | skel: | Mary | Lou | Clo | - | LAST |
| 11 | į, | ecute | d cor | 100 | 16a \ | VAS DECEASED EVER IN U. | S. ARMED FORCES? | | | 17 INFORMANT | 200 | ADDRESS | | |
| 200717140 | 2 | e ex | Pogo | med | | (IF Y | ES, GIVE WAR OR DATES) | 579 34 | 9165 | Joseph Mc | Nair-so | n-4712 | Temp] | le Hill R |
| | | te b | ocior pers- | ÷ + | | | er only one couse of | | | | | 1, Mary | | |
| 0 | | hfico | phy | vent | | 18 CAUSE OF DEATH (En PART I. DEATH WAS C | AUSED BY: | Cardio | rece | instory a | rest | | 17: | Stapt. |
| 1 | 2 | cer | ding | a jic e | | DAVA | | OR AS A CONSEQU | ENCEDE | / / | | | | |
| 102020 | 2 | leoth | then the | C H | | Conditions, if any, which | | Multi | | Selevasis | | | 8 | 129.45 |
| 0 | 2 | the | he o | r tr | | gove rise to immedio couse (o), stoting t | | OR AS A CONSEQU | | | | | / | |
| 3 | 2 | hot | by 1 | oth | | underlying couse lo | it. (c) | 5K A5 A CONSEGO | Eliter Oi | National States | | | | |
| 6 | 7 | res | an ble | 7, 0 | | PART 2 OTHER SIGNIFICA | NT CONDITIONS | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE O | R CONDITION GIV | EN IN PART | lime |
| 6 | ĝ | 900 | The | . <u>o</u> | o No. | uringry | tract | infect | 400 | preim | 019 | Drad. | 1506 | care |
| - 0 | XECOKUS, | 30 | rmit | yno - | CERTIFICATION | 198. DATE OF OPERATION | 19b CON | DITION FOR WHICH | OPERATIO | W W S PERFORMED | 200 AUTOBS | Y? 20b. IF YES | , WERE FINE | DINGS USED ES OF DEATH? |
| : | ¥ × | The I | hos hos | SM ~ | 1 | | | | | | | O YE | S 🗍 | NO 🗌 |
| 1 | DIVISION OF VII AL | z | icote | 18 st | | 71a. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE | | OF INJURY A.M. MONTH D | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATUR | F INJURY IN ITEM 18 P | ART 1 OR PART 2 | 9 |
| 3 | 5 | KCIA | riol-i | E 7 | CAL | (IF EITHER, NOTIFY MEDICALEX | OF DEATH | P.M. | 19 | | | | | |
| 9 | | PHY | this e bu | ō | MEDI | 21d. INJURY OCCURRED | LAT HOME S | E OF INJURY | FARM, ETC.) | 211. LOCATION STREET | C | TY OR TOWN | COUNTY | STATE |
| | <u> </u> | 0 3 | fter bs th | orked | ~ | WHILE NOT WHILE T | | | | | | | | |
| | | Q. | Se A | E | | 22a.1 certify that Othis | hospital) attended | the deceased from | | 1986 | , to A 14 | | | , that (I)(we) lost |
| | | ATTE | CTO | 121 | | sow the deceosed oli above, (1) we) (did) (| id not view the boo | ly after death. | 86/0 | nd that in (our) opinion | death occurred | n the date and hou | | |
| 1 | | OR | DIRE | F Hen | V. | 226. SIGNATURE | | 0 | -14 | DEGREE | MEDICAL | STAFF | 22c DA1 | TE SIGNED |
| | | TAL | ERAL e deto | 7 | | hel-1 | ~ m | | | | MEDICAL DIRECTOR | PHYSICIAN [| 8/1 | 15/86 |
| | | SPI | FUNERAL | RTA | | 22d. PHYSICIAN'S NAME | TYPE OR PRINT) | | | 22e ADDRESS | 1 | | | . // |
| | |) H | TO FUNI | MPORTANT | | Konglella | ndman | MO | | 1740 Tennsy | 1/29119 | Ave Up | vert | Tarlbron, |
| | | Ĭ, | D → 50 | 2 | 23a | BURIAL, CREMATIÓN, REMO | OVAL 236 DATE | 23ε. | NAME OF C | EMETERY OR CREMATOR | 23d. LOCATIO | NOWN | COUNTY | STATE |
| | | В | P | - | E | Buria/) / | Aug. | 19,1986 | Har | mony Memori | | Landov | | |
| | | DHA | NH - 16 60 | M 7/84 | 24 F | JNERAL DIRECTOR | -1. St. | eventous | 4 | ing Road N. | ALIG 1 O | ISTRAR 25b. REGIST | RAR'S SIGN | ATURE |
| | | | (VRA 15, | 4) | 1 | Stewart Fun | eral Hor | ne-4001 | Benn | ing Road N. | BAO - O | DOU / | 7 | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN TTYPE OR PRINTS ESTI-OF DEATH MATED DANIEL A. **MEARS** AUGUST16986 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IE UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD CAUC June 151960 26 MALE AUGUST 16 19 867: 54M 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George WIDOWED [DIVORCED Washington DC USA 124 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IIL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Computer Operator U S Govt Malcolm Grow Medical Center Andrews AFB USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY STEMEL ALL SELECTION OF THE PERSON OF THE PE 13e STREET ADDRESS YES [8007 Daniel Drive Pr George Forestville NO [Maryland 14. FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE Trilling Joseph Mears Dorothy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO IYES, NO. OR UNKNOWN 1978-1982 9551 Rebecca J Mears Same as Yes 215 70 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c). PART I DEATH WAS CAUSED BY DUE the improvement Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO -210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE NOT WHILE 220. I certify that I taak charge of the remains described above, held on Autapsy Inspection and in my opinion Accident Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BAUTMORE, MA SIGNATURE EXAMINER'S N Cheltenham PG SIMId Maryland Veterans Cem Burial 21Aug1986 07/84 BP 25M DATE REGID. BY REGISTRAR 2 Wilhelm Funeral Home E DHMH - 17 Suitland Md. (VR A15 ME (5))



may be

ecuted within 24 h completely filled

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3

| REG | SISTRAR | | | | CLKIII | ICAIL OI | DLAIII | | REG. NO. | | | |
|-----------------------|------------------------------------|---------------|---------------------------|---------------------------------|---------------|---------------|------------------|--------------|-------------------------|-----------------|---------------|---------------------------------|
| 1. DECEASE | EDNAME | FIRST | - 1 | AIDDLE | ı | AST | | 20 DATE O | FDEATH MONTH | DAY | YEAR | 26 HOUR |
| (TTPE OR PRI | | rude | Hawke | sworth | McOui | n | | 7 | ugust 21 | . 1986 | | 0:55 8 |
| 1,36% | | | 4 RACE | OWOZ CII | 5. DATE C | | | | YEARS LAST BIRTHDAY) | IF UNDER | RIYEAR | IF UNDER 24 HRS |
| E1 | | | Causasi | | MONTH | . 10, | 1900 | 85 | | MONTHS | DAYS | HOURS MIN. |
| Fema. | LACE (STATEORE | DREIGN | Caucasi | | RY? 8 | | | | ORE CITY OR COU | - | ATH | |
| COUNT | RY) | | | | MARRIE | | MARRIED - | | | | | |
| | ACHUSETT R TOWN OF DEA | | U.S.A. | ACCRITAL MILIE | WIDOWE | and . | ONORCED | Princ | e George | S | VINID OF | MD. BUSINESS OR |
| IU CITY OF | RIOWNOFDEA | IH | | H FACILITY, GIVE ST | | OK OTHER IN | STITUTION | TYPE OF WO | K FOR MOST OF WORKE | | | ROSINESS OK |
| | rdale | | | Memoria | | ital | | House | ewife | 0 | wn H | ome |
| USUAL RES | SIDENCE (IF NURSI | NG HOME OF | OTHER INSTITUTION. | 134 CITY OR TH | | 1 13d INSIDE | CITY LIMITS? | 13e.STREET | ADDRESS / ZIP C | ODE | ~ | 11781 |
| Marv | land | Pri | nce Geo. | Hyatts | ville | YES 🔀 | NO 🗌 | | 42nd Ave | | 312 | 0100 |
| 14 FATHER | 'S NAME | | 10 mm | 1 1 1 1 1 1 | 11-12-11-1 | 15. MOTHER | S MAIDEN NA | ME | | | | |
| Calel | | | J. H | awkeswo | rth | Hatt | FIRST | | MIDDLE | | Sto | |
| | DECEASED EVER | N U.S. AR | | 166 SOCIAL SE | | | ANT 4047 | | | rch R | | |
| | OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES | F70 00 | 0015 | | | | | | | |
| NO | | | | 579-22 | | Betty | M. Pad | gett, | Mt. Airy | | | |
| 18 C | AUSE OF DEATH | AS CAUSE | ly one couse per D BY: | - Ab 4 | 1 ~ | * |) | . 1 | | BI | TWEEN OF | NATE INTERVAL NSET AND DEATH |
| | | | TE CAUSE (0) | Cirl | intel | ory | le. | ilu | V | | | 101 |
| | | | DUE TO, O | R AS A CONSE | OUENCE OF | | 8 | , | | | | 1 |
| | nditions, if ony, | | (b)_ | can | dia | | wit | une | | | | |
| | ve rise to imm | | DUETO | R AS A CONSE | OLIENICE OF | | 0 | | | | | |
| und | derlying couse | lost | 1002 10.0 | enchre | 11/6 | unle | 2 91 | cic | 100 7 | | 36 | WK, |
| PAR | T 2 OTHER SIGN | IFICANT (| CONDITIONS CO | ONTRIBUTING T | TO DEATH BUT | NOT RELATE | D TO THE TERM | AINAL DISEAS | SE OR CONDITION | GIVEN IN P | ART Ico | |
| | Rain | 1 | Le: 7 | 1. | 1 | Arina | 7 | act | intec | tio . | | |
| ¥ 190 C | DATE OF OPERAT | ION | 196 CONDI | TION FOR WH | CH OPERATIO | | | 200 AUT | | YES, WERE | FINDING | GS USED |
| CERTIFICATION 190 D | | | | | | | | | | RTIFYING C | | OF DEATH? |
| 210 | ACCIDENT WAS UND | FRIVING F | 1 21b. TIME O | F IN ILIRY | | 21/ HOW | N ILIPY OCCUP | YES _ | ATURE OF INJURY IN ITEA | YES [| DART OL | NO 🗆 |
| | ONTRIBUTING C | _ | | M. MONTH | DAY YEAR | 1111011 | NOOKI OCCOK | WED (ENIER W | ATURE OF INJURY IN TIEM | N 18 PART URI | MK1 2) | |
| Q ()F | EITHER NOTIFY MEDIC | | | | 19 | | | | | | | |
| - CLI | INJURY OCCURR | | 21e PLACE | OF INJURY EET, FACTORY, OFFI | CE, FARM, ETC | 211 LOCAT | | | CITY OF TOWN | COL | YTML | STATE |
| AT WO | ORK NOT WHI | K | | | | 11 | 1 | 1 | 2/1 | | 1 | |
| | certify that (1) | this hosp | toll attended th | e deceosed fro | m 7 | 1278 | 19 | , to | 8/20 | | 3 , 11 | hot (1) (we) lost |
| 3 | sow the decease above, (I) (we) (d | d olive on | 8/20 | ofter death | 26 . or | nd that in (m | y) (our) opinion | death occurr | ed on the date and | hour and tr | om the co | ouses stated, |
| | SIGNATURE | TO TO THE | _0 | / | | DEGREE | | 1 | | 220 | . DANE S | IGNED |
| | | 0 6 | 7 | 1 | | | ATTENDING | MEDICAL | STAFF | | 8/21 | 1126 |
| 22d | PHYSICIAN'S NA | ME LYPE C | OR PRINT) | | 7)) | 22e ADDRE | | DIRECTOR | PHISICIAN |) | - | 10 |
| | | | 1- | 7 1 | | A11.11 | Q:at | . ol | Plant. | 1 | 1 2 | 20% |
| | ILLNGT | P | Lt | - 1 | 50 | 19911 | 14.99 | RA | · Myall | AV112 | 2 1 | 11) 10 |
| 23a. BURIA (SPECIF | L, CREMATION, I | REMOVAL | 236 DATE | | 30 NAME OF C | | | 23d LOC | ORTOWN | COUNT | Y | STATE |
| Crem | ation | | 8-24-8 | | | | | | xandria, | | | |
| | OPSECOASC | | | | | | 25a. DA1 | TE REC'D. BY | REGISTRAR 256. RE | GISTRAR'S S | IGNATU | RE |
| 4739 | Baltimo | re A | ve., Hya | ttsvil | le, Mar | yland | - At | 537 | 1986 7.5 | in transite | 4 | Ballat a |
| | | | | | | | | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The to

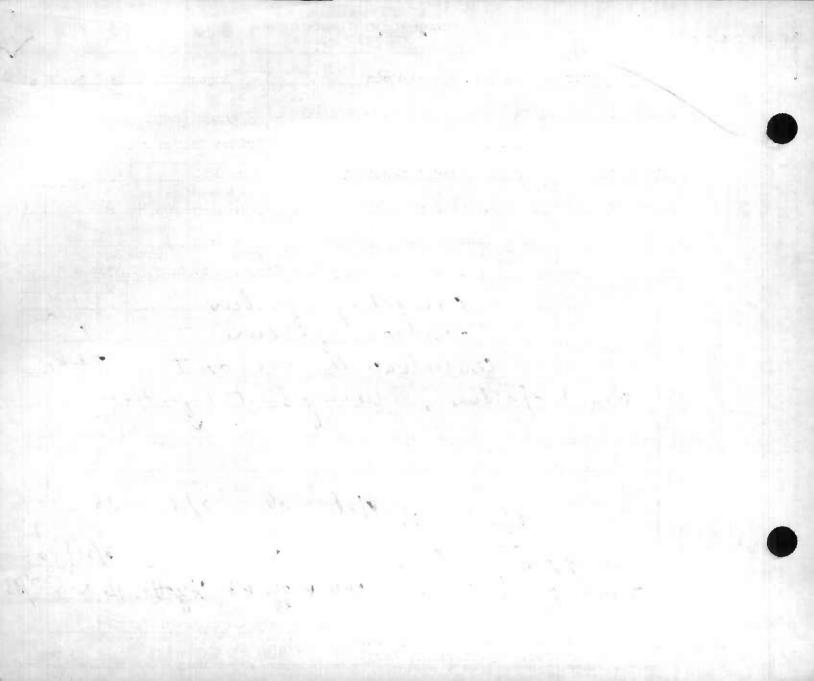
TO HOSPITAL OK

BP.

retained by the haspital or attending physician.

injury, ar ather troumotic event, the

MPORTANT: If them 21 is marked or them 18 silen



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

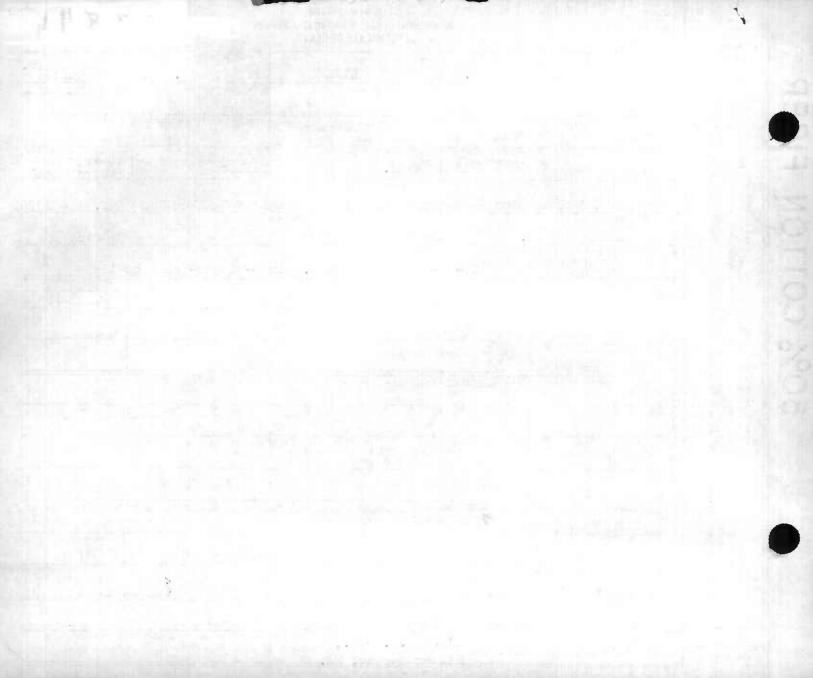
FOR C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFIC ATF OF DEATH

86 23841

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 10011 |
|---|---------------------------------------|--------------------------------|--|--|
| I DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| N N | ORMA L. | MECHLINSKI | Aug. | 7 1986 12:15 M |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | & AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | 0 | MONTH DAY YEAR | | MONTHS DAYS HOURS MIN |
| Female 70 BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTR | 5 3 1919 | 9 BALTIMORE CITY OR COUN | TVOEDEATH |
| Maryland | | MARRIED NEVER MARRIED | F BALTIMORE CITY OR CODIN | TOPDEATH |
| | USA | WIDOWED XX DIVORCED | | e Georges MD. |
| CITY OR TOWN OF DEATH | | SING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 176 KIND OF BUSINESS OR |
| Hyattsville | 1005 Chillium | Road. | Teller | Federal Bank |
| 14 FATHER'S NAME | ce Georges Hyatt | sville YES NO | AME | DE ad Apt. 414 2078 |
| William | A. L1c | FIRST | MIDDLE | Doubt a ab |
| 160 WAS DECEASED EVER IN U.S. A | | | ADDRESS | Deutsch |
| LYES NO OR UNKNOWN! LIEYES O | IVE WAR OR DATES) | | | 10 \ |
| N/A | N/A \$17-09-7 | 7860 Claire B. Ni: | xon-sister-(same | |
| 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | anly ane cause per line to: (a), (b), | and ice | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | ones Melasla | 218 | 343 |
| | DUE TO, OR AS A CONSEC | | MINAL DISEASE OR CONDITION G | SIVEN IN PART 1 (a) |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | ĈĤ OPERATION WAS PERFORMED | IN CER | TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO |
| 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | DAY YEAR 21c. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJURY IN ITEM 1 | B PART I OR PART 2) |
| OR CONTRIBUTING CAUSE OF D | CAIR | 19 | | |
| (IF EITHER NOTIFY MEDICAL EXAMIN | 21e. PLACE OF INJURY | 211 LOCATION | | Version Division in |
| NOI WHILE | (AT HOME STREET, FACTORY, OFFIC | E, FARM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| | pital) attended the deceased fram | 1 Se lat 1982 | A. n | , 19 % (a) that (l) (we) last |
| saw the deceased alive of | in to | -∆c | death accurred an the date and h | |
| abave, (1) (we) (did) (did i | nat) view the bady after death. | | | |
| 276 SIGNATURE | -60'B | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 811186 |
| 224. PHYSICIAN'S NAME TYPE | OR PRINT | 22e ADDRESS | | |
| KIRKLOUD (| Space | Mans Caro | DOW ALDE TAKE | Va Park |
| 230 BURIAL, CREMATION, REMOVA | L 23b. DATE 23 | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | - HARK |
| (SPECIFY) | | | CITY OR TOWN | COUNTY STATE |
| Burial 24 FUNERAL DIRECTOR | | ost Holy Redeemer | TE REC'D. BY REGISTRAR 256. REGI | Maryland. |
| Hines Rinaldi Fu | neral Home | N.H. Ave., | AUG 1 1 198 | STRAK S SIGNATURE |
| | 41171 | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

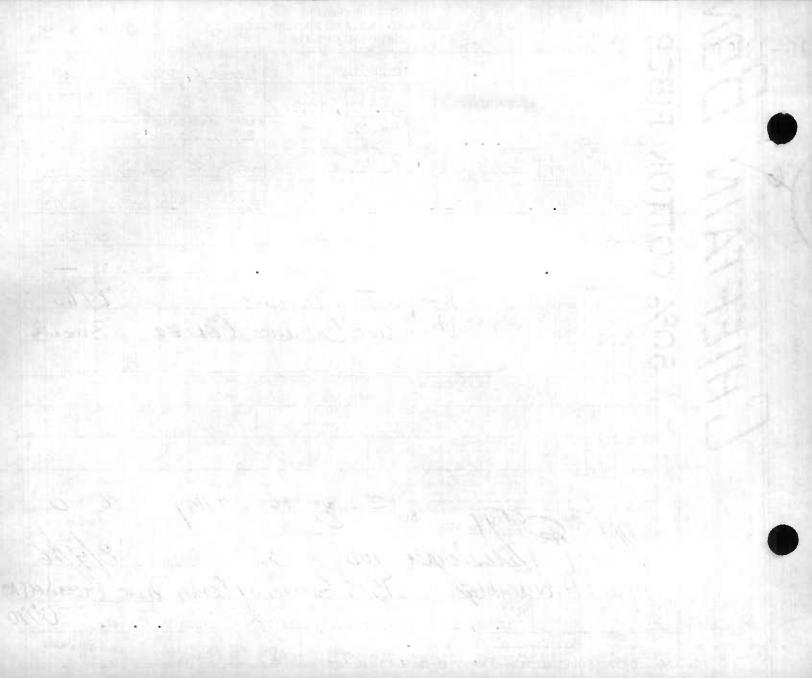


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI DEATH MATED ame s aver SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 69 DEAD ABIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Prince George USA WIDOWED [DIVORCED A CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS Boys Claboustry FOR MOST OF WORKING LIFE) Founder&Pres. Hillcrest Hghts USUAL RESIDENCE (IF IN NURS) HOME OR OTHER INSTITU SLIM 3a STATE 1% COUNTY CITY OF TOWN 13d INSIDE CITY LIMITS? 3511 29th Pl. 20748 Pr. George Hillcrest Hghts YES DE Maryland NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Stewart Wallace Merrick Cordelia 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) Maryland 214-07-8325 WWII Eugene Pitrof 1901 Lewery Rd. Huntingtown ves CAUSE OF DEATH (Enter only one couse per lige far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: unles Corder Vas culor dirense IMMEDIATE CAUSE (d DULTO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL ARTMENT OF OR TO BURN YES [] NO B BE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY INDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFFER DEATH, WITH TH BALLTIMORE, MARYLAN death resulted fram. Accident Hamicide Natural couses Suicide Undetermined monner TIPLE SPECIFY) EXAMINER'S NA TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL THE DATE COUNTY Burial Derchester Mem. Cemetery Md. Cambridge 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** G.P. Kalas 6160 Oxen Hill Rd. Oxen Hill, Md. (VR A15 ME (5))

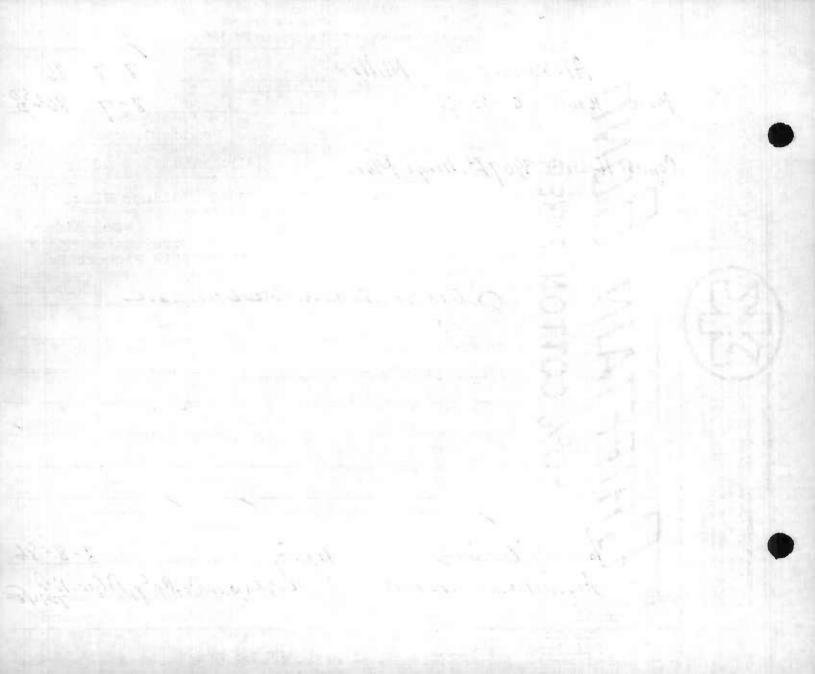
8 7 3 40 17 etics of in the state of the st Complement In. Copyer Hillorest Hebitales 2011 30th Hd. 2070 transch dordeller dorde 90 5 it it is a second of the secon urial 3/2:/AE Corchester es. Cenetery Combridge

G. . Alta E160 Oxon Hill He. Chen Hill, Ma, December 18 Man English Manual

| | - | | | | | | STATE | OF MARYLAND | | | |
|---|--|---------------|------------------------------------|----------------|-------------------|--------------------|----------------|-----------------------------|----------------------------------|---|------------------|
| | 3 | 1. | FOR STATE | | | DEPARTA | | EALTH AND MENTAL HY | GIENE 6 | 2 3 3 | 4 5 |
| 0 - 1L | 202 | 10 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. NO. | | |
| 0 1 4 | 000 | | CEASED NAME | FIRST | | WIDDLE | L | AST | 20 DATE OF DEATH MO | NIH DAY YEAR | 2b. HOUR |
| be . | death death | (1117 | J | orge | 7 | Α. | Mezqu | iita | August 4, 1 | 986 | 2:00 AM |
| Оп. | 0 0 | 3. SEX | | | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHD | MONTHS DATE | |
| 9 4 | rs of | N | lale | | Hispan | ic | Dec. | 31, 1922 YEAR | 63 | YRS | HOURS MIN. |
| | 10/01 | | RTHPLACE (STATE O | R FOREIGN 7 | b CITIZEN OF | WHAT COUNTRY? | 8 AA A DDIE | XX NEVER MARRIED | 9 BALTIMORE CITY OR C | | 1000 |
| 1 | 196 | | Salvador | | U.S. | .A. | WIDOWE | | Prince Geor | ge's | MD. |
| Cin | 20 20/1 | 1 | TY OR TOWN OF DE | ATH | | | | R OTHER INSTITUTION | 170 USUAL OCCUPATION | | OF BUSINESS OR |
| 5 /0 | 17 | Cr | everly | 0.55 | Prince | e George | s Hosp | oital | Fork Lift Op | | |
| 1 | 10/20 | 13a S | L RESIDENCE (IF NU | 136 COUN | OTHER INSTITUTION | 136 CITY OR TOW | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / Z | P CODE | |
| 2 2 | 計りつ | Mar | yland | P. G | | Clinton | | YESXX NO | 5511 San Jua | n Drive | 20735 |
| 4 | 11/1 | 4 FA | THER'S NAME | N | NIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | 467 |
| M.A. | 1000 | Fr | rancisco | | NODE. | Flores | | Virginia | Middle | Mezo | quita |
| # 1 | 1 | 16s. V | AS DECEASED EVE | | MED FORCES? | 166 SOCIAL SECL | RITY NO. | 17 INFORMANT | ADDRESS | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO ING PHYSICIAN. The low requires that the death certificate be an otherwise on. | 1/ | | lo | N/A | | 579-80-6 | 010 | Concepcion | A. Mezquita S | ame as 13 | AE |
| JALT ofe b | ol t | | 18 CAUSE OF DEA | TH (Enter only | y ane cause pe | r line far 101, an | | / | | APPRO DEL VEEL | NONSIA AND DEATH |
| T. I | eveni | 1 | PART I. DEATH | IMMEDIATE | | Kes | DUKU | ory facill | 110 | 69 | Ele |
| N N N N N N N N N N N N N N N N N N N | or re | 3 | 5 - ST 4 3 | | DUE TO C | R AS A COUSEQU | ACE OF V | | | 2 | ^ |
| STC | non, non, oum | | Conditions, if an | | (1b)_ | MP | 10500 | C (905001 | c COMMICE | 4 3 | mouly |
| The The | rhe o emai | 1 | gave rise to in couse (a), stat | | DUE TO C | OR AS A CONSEQUE | NCF OF | | | | |
| y tod | by of, cr | 4.5 | underlying caus | se last | (c) | | | | | | |
| 5, 20 ires | o phed burne ny, o | | PART 2 OTHER SIG | SNIFICANT C | ONDITIONS C | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CONDIT | ON GIVEN IN PART | l a |
| ORD requ | The The vinit | CERTIFICATION | | | | | | | | | |
| ECC. | Print print | CA | 198 DATE OF OPER | NOITA | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 2 | Ob. IF YES, WERE FIND VICERTIFYING CAUSE | INGS USED |
| At # | show | RTIF | | | | | | | YES NO | YES 🗌 | NO 🗆 |
| Z Z d | SOT 8 | | 218. ACCIDENT WAS U | - | HOUR A | | AY YEAR | 21c. HOW INJURY OCCUP | RED (ENTER NATURE OF INJURY IN | HIEM 18 PART OR PART 2) | |
| O BUCIN | riol-t | CAL | (IF EITHER NOTIFY ME | | | .M. | 19 | | | | |
| PHY sudir | d M | MEDICAL | 21d INJURY OCCU | | | OF INJURY | ARM ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| SIVE OF STREET | fter os th on orked | - | WHIE NOT | VHILE | | | 10 | +1 01 | 41 | 0/ | |
| II ON | Leoline is me | | 77s I certify that | Limis hospin | 22 | d deceased from | 9/10 | June 19 Et | . 10 | 19.06 | , that (we) last |
| ATTE | 22 46 | | of for | idid distant | The the by d | Lifter death. | , ar | d that is (my (aur) apinian | death accurred an the date | and hour and fram th | ie causes stated |
| S of o | DiREC | | 11 01 18 C | 1 | 1/1 | 0 | -1-7 | DEGREE | MEDICA: CZAFE | 77t DAT | PONEDA |
| | 4 4 (1) | | 1/1/10 | 1 | Well | sulle | 1 / | | MEDICAL STAFF DIRECTOR PHYSICIAN | 40 0/ | 4/26 |
| OSPII | FUNERAL uld be den to the State ORTANT: | | HYSICIAN'S | AME (TYPE) | PRINT | 1 | N- | 77e ADDRESS | n × | 2 | / |
| | should be de with the Stati | | ITTOMAS | HIBO | PUSIAL | GER. | 15 | 25 Green | DAY COURS | Vrive 19 | 100450LTA |
| 7 5 | - 5 3 ≥ ₹ | | URIAL, CREMATION | I, REMOVAL | 23b DATE | 230 1 | NAME OF C | EMETERY OR CREMATORY | AND LOCATION | POLINE | 7800 |
| BP_ | - N - 13 | Bu | rial | | Aug. | 5, 1986 | Resur | rection Cemet | ery Clinton E | . G. Md. | 00110 |
| рнмн . | 16 60M 7/B4 | 24 FL | NERAL DIRECTOR | Lee Fr | meral : | Home, Inc | | 250 DA | TE REC'D. BY REGISTRAR 256 | REGISTRAR'S SIGNA | TURE |
| | RA 15, 4) 66 | 3: | Old Alexa | | | | | 20735 AL | 16 6 1986 | Was war door V | |
| | 00. | | | | | | | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN LTYPE ON PRINCIP OF ESTI-Alexander DEATH MATED IF UNDER 24 HRS 2c. DATE PRONOUNCED 30 97 DEAD 76 CITIZEN OF WHAT COUNTRY? Colorado MARRIED NEVER MARRIED Prince George's WIDOWED X DIVORCED 9 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Mechanic Pr Geo Cap Hots 3d. INSIDE CITY LIMITS? 13. 3907 Billings Place Marvland YES [NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Schneider Frank Miller Emma Morningside Md 7. INFORMANT 16h SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes UNKNOWN) 578 10 6835 Bernard Miller 6810 Pickett Dr 18 CAUSE OF DEATH (Enter only one cause per Me for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Tera selection derdistances desire IMMEDIATE CAUSE OL DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NO F 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Hamicide Undetermined manner DATE 8-8-86 **ACTUAL** MEDICAL EXAMINER Cedar Hill Cemetery 11Aug86 Suitland Maryland 07/B4 25M Wilhelm Funeral Home 24. FUNERAL DIRECT RObert 258. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Suitland Maryland (VR A15 ME (5))



Nellie MOFFAT August 6, 1986 4 RACE 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY MONTH DAY YEAR Female white 1909 Aug. TO BIRTHPLACE ISTATE OFFOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC USA WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126, KIND (TYPE OF WORK FOR ALC ELLES INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OCTORS HOSPITAL of Pr. Geo. Co. Lanham Doctors' Sales Associate SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 134. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Prince Georges Greenbelt YES E NO 22 Ridge Road Apt. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Thomas Samue 1 Bond Lillian 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT N/A Albert A. Moffat-son-Silver Spring, Md. 577-32-0025 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an obove, (1) (we) fold) (did not) view the body ofter death 77b. SIGNATURE DEGREE ATTENDING PHYSICIAN old be o 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS J. Richard Lilly M.D. 0

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY and that in (my) toor apinian death occurred on the date and have and from the causes stated 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN 5804 Baltimore Ave., Hyattsville, Md. 20781 23a BURIAL, CREMATION, REMOVAL 736 DATE 23L NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 8-11-1986 Washington National Buria1 Suitland Prince Georges Md. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 11800 N.H. Ave., lines/Rinaldi Funeral Home Silver Spring, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

Prince George's

MIDDLE

Maude

26. HOUR

126. KIND OF BUSINESS OR

Hecht Co.

IF UNDER I YEAR

103

1817 Hopefield Rd.

Cross

6:57P

IF UNDER 24 HRS

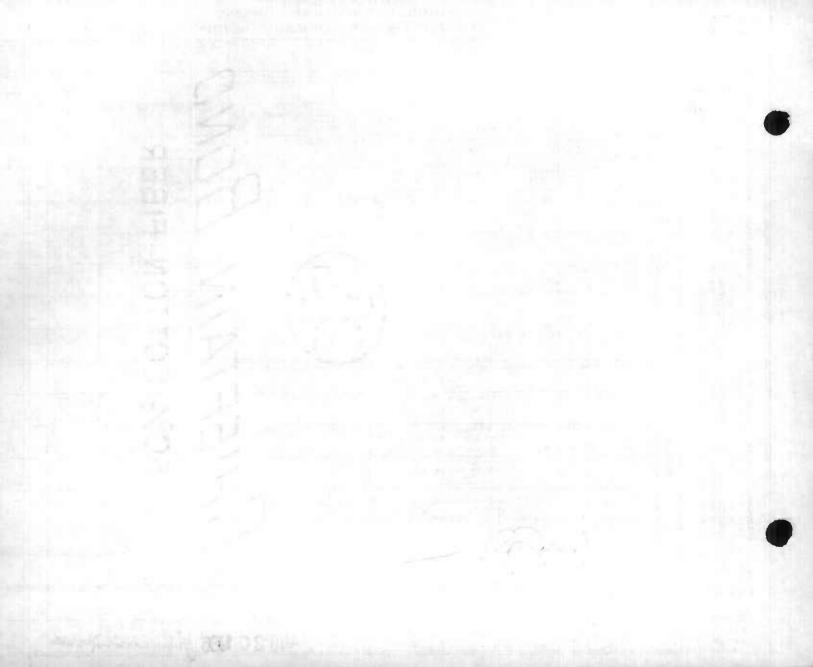
20 DATE OF DEATH MONTH

76

DHMH - 16 60M 7/84 (VRA 15. 4)



| | | | | | | | | ARYLAN | | | | | | | |
|--------------------------------|--|---------------|----------------------------|--|--|------------------------------|---------------|------------------------|---------------|---------------|---------------------|----------------|-----------------|------------|-----------|
| 0-15 | 5052 | | FOR STATE | | | DEPARTMENT OF | | | | 5.00 | h | 13 " | 7 2 | 23 | 6 |
| 0-10 | 0012 | | REGISTRAR | | ME | DICAL EXAMIN | VER'S C | ERTIFIC | CATE OI | | KEU | . NO. |) () | and a | Q |
| | | | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | 90 | LAST | | 20 DA | TE KNOW | N X MON | | YE AR | 24 HOUR |
| | E 85.8.8.8. | | | RICHAF | RD OS | Bernard | 1 | MOORE | | DE | ATH MATED | 8 🗆 8 | 15 | 1986 | _ M |
| | 子の子なま | 3. SEX | | 4 RACE | 5 DATE OF BIRTH | YEAR LAST BIRTHE | EARS IF UN | IDER 1 YR. | IF UNDER 2 | | ATE | MONT | H DAY | YEAR | 2d HOUR |
| | ARY, PLEASE I DIRECTOR. YOUR FILES. N 72 HOURS | Ma | le | White | Feb. 19 | , 1926 60 | | AS DAYS | HOURS | | OUNCED EAD | 8 | 15 | 1986 | 5:52 |
| | ESSARY, ERAL DIRE OR YOUR THIN 72 | la BI | RTHPLACE (ST | ATE OR | 76 CITIZEN OF W | HAT COUNTRY? | B. MAPPI | ED NEV | /FD AA A DDIE | 9 BA | TIMORE CI | TY OR COL | NTY OF | | |
| | NEX 2 | Ne | wport N | Wews, VA | U.S.A. | | WIDOW | 200 | DIVORCE | | ince G | eorge | 's Co | nıntv | MAD |
| 1 | HE FE | 10 CI | TY OR TOWN | OF DEATH | 11. NAME OF HO | SPITAL, NURSING HOM | E, OR OTH | ER INSTITUT | ION | 12a. USUAL O | CUPATION | (TYPE OF WOR | | ND OF BU | SINESS |
| | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME | 100 | Chever] | 77 | Prince George's Gen. Hosp. Bus Driver | | | | | | K. I | - | lor : | | |
| = | SED NOT SED | | L RESIDENCE | IF IN NURSING HOME | OR OTHER INSTITUTION, C | GIVE RESIDENCE BEFORE ADMISS | ION) | | | | | 336 | II al | 200 | COUIS |
| 21201 | AND 3 TO AND 3 TO RETAIN P HOULD BE RECORDS | | rginia | Loud | | Sterling | | 13d. INSIDE CIT YES | | Route 2 | | 52 | 7 | 79 | 99 |
| 9 | - 25.32 - | | THER'S NAME | | | | | 15. MOTHER | R'S MAIDEN | | | 32 | | | |
| Ä, | PAGES 1. | Jo | hn | | T. | Moore | | Ri | | | E. | - | | dd1e | amn |
| WO | N N N N N N N N N N N N N N N N N N N | 16a. V | AS DECEASED | EVER IN U.S. AR | | 16b. SOCIAL SECURI | IY NO. | 17 INFORM | | | | 533 Me | | | |
| BALTIMORE, MD. | URS AFTER DEA 8. GIVE PAGES WITH FORM I TI. PAGES I AN DIVISION OF | ve | S, NO, OR UNKNO | WW I | WAR OR DATES) | 577-32-59 | 943 | Richa | rd B. | Moore, | | | | | |
| 3 | WITI WITI DIV | | | F DEATH (Enter on | ly ane cause per lin | e for (a), (b), and (c).) | , 10 | Michael | I u D. | 110010, | 01. | VIIICIIC | A | PPROXIMATE | INTERVAL |
| N ST., | 24 HOUR ITEM 18. LONG W PERMIT. GIENE, DI | - | PARTIDE | ATH WAS CAUSE | DBY: A | rterioscler | otic (| cardio | vascu | lar di | sease | | BET | WEEN ONSE | AND DEATH |
| W. PRESTON | JULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 15 FED AS A BURIAL - TRANSIT PERMIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL | | 810 | 10 IMMEDIA | | R AS A CONSEQUENCE | | | | | | | | | |
| | | | | s, if any, which | (4) | | | | | | | | | | |
| | | 1 | cause (a) | e to immediate stating the <u>under</u> - | | R AS A CONSEQUENCE | OF | 3/15 | 7 | | | | | | |
| DIVISION OF VITAL RECORDS, 201 | | | lying cau | se last. | (e) | | | | | | | | | | |
| DS. | A A NEW A PARTIE A PA | | PART 2 OTHER SIG | INIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TER | MINAL OISEASE | OR CONDITION | GIVEN IN PART | 1 0 | | | | | |
| 9 | ENDIN MEDIC AS A I SALTH | No | - | | T | horacic tra | uma | | | | | | | | |
| Z. | RO "PEI RO "PEI HIEF N USED A OF HEA | CERTIFICATION | 190. DATE OF | OPERATION | 19b. COND | ITION FOR WHICH OPE | RATION W | AS PERFORM | MED? | A LONG | | - | 20 / | AUTOPSY? | |
| ¥. | WORD "PR WORD "PR E CHIEF I BE USED INT OF HE BURIAL, | I I | | | 3-1713 | | | | | | | | 31/10 | YES 🔀 | NO [] |
| 9 | NEW COB | H | | L CAUSE WAS | 21b. TIME C | FINJURY MONTH DAY YEA | 21c HC | OW INJURY (| OCCURRED | (ENTER NATURE | OF INJURY IN ITE | M 18 PART 1 OF | PART 2) | | |
| NO | CERTIFICATE ITING THE W DED TO THE 3 SHOULD DEPARTMEN I PRIOR TO R | 3 | UNDERLYING CONTRIBUTION | OR OF CAUSE OF I | DEATH 4 P. | 4. 8-15- 198 | 6 Driv | ver of | auto | /multip | ole ve | hicle | col. | lisio | n |
| VISIO | SERTING ED 13 SEPA PREPA | MEDICAL | 21d INJURY C | | 21e PLACE | OF INJURY (AT HOME, | 211 LOC | CATION | | | | 3 73 | 1 | - | |
| ō | IS THIS CERTIFICATE THE WRITING THE W RWARDED TO THE SPAGE 3 SHOULD STATE DEPARTMEN STATE DEPARTMENT STATE STATE DEPARTMENT STA | 2 | AT WORK | NOT WHILE E | | road | 460 | 0 blk. | Addi | son Rd | .,Seat | Plea | sant | , | MD |
| | > | | 220 Loost 6 | without I took chara | e of the remains de | escribed above, held an | Autaps | L | Inspection | | uiry . | | | | 's Co |
| | EXAMINER: CERTIFICATE OULD BE FORE DIRECTOR: I, WITH THE S MARY AND | | death resulte | - contract of the contract of | ral couses . | and the same of the last | uicide . | , Hamicis | | Undetermine | , | and in my | apinian | | |
| | ERTIFIC BE WITH WARM | | deam resum | A | 0 | - Ann | | TITLE (SP | | Ondetermine | a manner E | _, | | | |
| | | | ACTUAL SIGNATURE_ | Mas | m | | 14 | Deput | v Chi | e£EDICAL E | V 4 4 4 1 1 1 5 1 5 | DAT | E 8. | -16-8 | 6 |
| | SEA SEA | | | 11 5 | 1 | | | 0 | 7 | MEDICALE | AAMINER | SIG | NED | | |
| | TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BAUTIMORE, | | EXAMINER'S I | IT) Ann I | 4. Dixon, | M.D. | , | ADDRESS_1 | lll Pe | enn St. | , BAlt | O., M | D 2: | 1201 | |
| | PAGE EXE | 23a.Bl | JRIAL, CREMAT | ION, REMOVAL 2 | 36 DATE | 23c. NAME OF CE | METERY OF | RCREMATO | RY | 23d. LOCATIO | N | | OUNTR | | |
| 996/84 | 809 | Re | moval, | | 8/19/86 | Chestnut | Grov | e Ceme | etery | Hernd | on | | ounty iirfa: | X V | ATE A |
| (SM) | DHMH - 17 | | INERAL DIREC | | ADDRES | , | VA | 2: | So. DATE RE | C'D. BY REGIS | TRAR 256 R | EGISTRAR" | SSIGNAT | TURE | |
| | (VR A15 ME (5)) | J. | Berkle | y Green, | Green Fu | neral Home, | Hern | don | AUG 2 | 0 19AF | Achia | Davids | 1-781 | ndelle | |
| | | | | | | | | | | | -0 | | _ | | - |



| | STATE OF MARTLAND | |
|--|--|--------------------|
| | 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 3 8 4 | 1 |
| 00-17226 | REGISTRAR CERTIFICATE OF DEATH REG. NO. DECEASED NAME FRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HO | DUB |
| , e e e | DICCELL B. MOODE C. | |
| moy moy | RUSSELL E. MOORE Sr. 8 24 86 2 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UND | 10pm |
| 7 | Male Black Apr. 20. 1930 56 YRS MONTHS DATS HOURS | MIN. |
| Pog manufacture | BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY OF DEATH COUNTRY) | _ |
| leoth at the state of the state | Newark, N.J. U.S.A. WIDOWED DNORCED PRINCE GEORGES COUNTY | MD. |
| | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSH | VESS OR |
| 8/1019 | CLINTON MD SOUTHERN MARYLAND HOSPITAL TV Electronic private | ind |
| 7 | SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 10. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 2014 | 6 |
| 669 | Md. PG Marlow Hgt ves No 4306 Hartford Hills D | r. |
| 137 11/60 | FIRST MIDDLE LAST FIRST MIDDLE LAST | |
| 1 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | |
| 1 3 2 2 2 4 1 | yes Korean 577 40-4607 Barbara Moore 4306 Hartford Hi | 77 Day |
| a Siciliary | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE IN. BETWEEN CAUSE OF DEATH | IERVAI ND DEATH |
| a phy on po emov | PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conductor - pulsus of consumer of consu | els |
| on the corbing corbins and the | DUE TO, OR AS A CONSEQUENCE OF | |
| RESTON death otherdin rove cor ofian, or | Conditions, if any, which (b) (b) | rend |
| by the | cause Io), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Underlying cause last | -1 |
| red been pless | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | |
| Then to b | DE LE COMPTION DE LA | |
| bs been ermit. I by is ony iii | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? IN CERTIFYING CAUSES OF DELYES NO YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 2) | ED |
| = E 0 5 | YES NO YES NO | |
| H Hy a s | OR CONTRIBUTING CAUSE OF OF THE HOUR A.M. MONTH DAY YEAR | |
| s certif | (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN * COUNTY | |
| the bond / | White NO WHITE | STATE |
| After Secos | W/23 1/2 V/ | (we) last |
| Portor TOR: for us of He | saw the deceased olive on 1965, and that in (my) (our) apinion death accurred on the date and haur and from the causes above, (1) (we) (did) (did not) view the body ofter death | |
| OR OR LOS DIRECTOR DEPT. | 27b. SIGNATURE DEGREE 22c. DATE SIGNEI | |
| Y THE SAL Gest of the Core | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/21/12 | 56 |
| O HOSPITAL etoined by the TO FUNERAL should be det with the Store MAPORTANT. | 22d. PHYSICIAN'S NAME (17PE OR PRINT) 22e. ADDRESS MD 207 | 35 |
| TO HOSPII refoined by TO FUNE should be with the St | CANCOS ALMEIDA 1900 OLD BRANCH AUE CLIN | JION |
| BP | BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY | STATE |
| | Burial Aug. 29, 86 Lincoln Mem. Cem Suitland No. FUNERAL DIRECTOR 1250 PAPE ALSO AVERALIZABLE REGISTRAR'S SIGNATURE | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | Hunt't Funeral Home 2801 7th St.N.E. DC SEPU8 1900 Julia Dender Lande | CA. |

THE RESIDENCE OF THE PARTY OF T

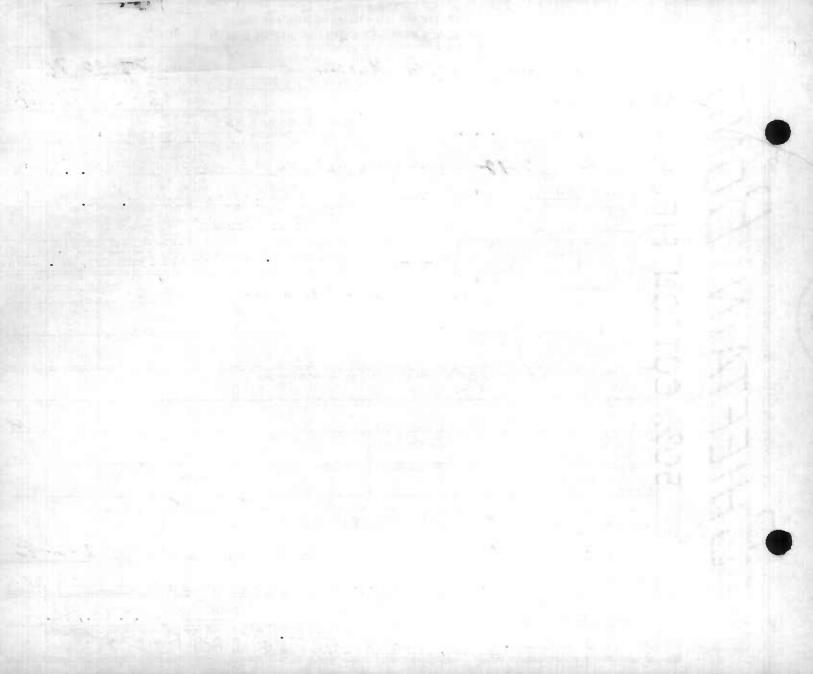
| 100 | | | | | E OF MARYLAND | | 0 7 0 | 4 0 |
|---|---------------|---|--|---------------------|-------------------------------|---|---|---------------------|
| | 1- | FOR STATE REGISTRAR | DE | | HEALTH AND MENTAL HY | 9 | 200 | ~ 0 |
| 16556 | 1. DEC | CEASED NAME FIRST | MIDDLE | | LAST | REG. NO | ONTH DAY YEAR | 25 HOUR |
| р ф ф ф | TYPE | OR PRINTS | ERT GW | YNN A | Hoss burg | | 08 15 86 | 235 |
| moy boge | 3 SEX | | I RACE | 5 DATE | | 6. AGE (IN YEARS LAST BIRTI | | IF UNDER 24 HRS |
| rs off | . 1 | Female | White | 06 | | 8.5 | YRS . | HOURS MIN. |
| hour let | | | 6 CITIZEN OF WHAT COU | NTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY OF DEATH | |
| un 72 | WE | sh., D.C. | U.S. A. | WIDOW | DIVORCED [| PRINC | | |
| led with | _ | RT WASHINGTON | (IF NOT IN SUCH FACILITY, GIV | E STREET ADDRESS) | REHAB CENTE | 12a USUAL OCCUPATION OF SECRETARY | WORKING LIFE) INDUSTRY | Govt. |
| d in b | | AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUN' | THER INSTITUTION, GIVE RESIDENCE | E BEFORE ADMISSION) | 1136. INSIDE CITY LIMITS? | 13. STREET ADDRESS / | ZIP CODE | |
| - 7 | | MD. Pr. | | OKEEK | YES NO NO | 15833 Li | VINGSter Rd. | 20607 |
| 10 1/1 | 3 | THER'S NAME | NDDLE LA | | 15 MOTHER'S MAIDEN NA | MIDDLE | - LA | ST |
| 100 | _ | John Phil | | L SECURITY NO | Lesaie 17. INFORMANT | ADDRE | | ller |
| 77 4/ | | 17 | WAR OR DATES | | | | | |
| 12 2/ | _ | NO | | -22-8791 | Robert N. | riossourg, | Bryans Ko | ad Md |
| phys pop nove ent, | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | BY. KPShu | 1 1 310 | Microst | | BETWEEN | ONSET AND DEATH |
| r rem | | IMMEDIATE | | VOVIDVO | TIVVEXI | | | WIJ. |
| nend or, o | 1 | Conditions, if ony, which | DUE TO OR AS, A CON | SEQUENCE OF | 75 | | | |
| ema moti | | gove rise to immediate couse (o), stating the | DUE TO ADDA A COA | DEOUGLICE OF | 10 | | | |
| ase r al, cre | | underlying cause last. | 1 DIM | wita. | Mele | | | |
| burnolerio, or y, o | - | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTION | IG TO DEATH BU | NOT RELATED TO THE TER | MINAL DISEASE OR CONE | DITION GIVEN IN PART 1 | I a |
| or to | 101 | Muntation | -(14) /TRM | Heong | 1 1 1 1 | chry | | |
| e pri | FICA | 190 DATE OF PERATION | 196 CONDITION FOR | WHICH OPERATIO | ON WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FIND IN CERTIFYING CAUSE | S OF DEATH? |
| de de de | CERTIFICATION | 710. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 1214 HOW IN HURY OCCUP | YES NO NO NO NET NOT NOT NOT NOT NOT NOT NOT NOT NOT NO | YES | но 🗌 |
| l-tronsil ol Hygi | | OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONT | | | LEWISK NATURE OF INJUR | PRICE TO PART I OR PART 2) | |
| Mental A | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 21e. PLACE OF INJURY | 19 | 211 LOCATION | | | |
| ond ond | ME | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | STREET | CITY OF TO | wn CONNIA | STATE |
| mork | | 22a certify that (I) (this hospite | al) attended the deceased | Iram 10-1 | 2-83 19 | to 8-15 | - 86 19 | , that () (we) last |
| of He 21 is | | saw the deceased alive on_ | 8-14 | 19 86 | nd that in (my) (our) opinion | death accurred on the do | | |
| ept. | | 226. SIGN TURE | Cara de | | DEGREE | 0.7 | | SIGNED |
| letocl ote De T. If I | | Michely | The W | 1 | ATTENDING PHYSICIAN | MEDICAL STAF | FIAND AUG | 4T 15, 1986 |
| FUNERAL old be det h the State ORTANT: | | 220. PHYSICIAN'S NAME (TYPE) | The state of the s | // | 22e ADDRESS | | Land to the | 9191 |
| should be de with the Stot | | Michael D. | Levine, M. |) . | 7801 Old E | Franch Ave. | , Clinton | , Md. |
| - 5 3 3 7 | | BURIAL, CREMATION, REMOVAL | 23b DATE | | CEMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| | | Cremation | 8-15-86 | Huntt | Crematory | Waldorf | Charles, | Md. |
| - 16 60M 7/84 | 24 FI | UNERAL DIRECTOR | AC | DRESS. | AT PA | TENCE BY SECULIAR | 156. REGISTRAR'S SIGNA | TURE |
| (VRA 15. 4) | Hi | intt Funeral | | | ryland hou | 1 000 | ules Deviderant | ndees |

the same and the s . It, the little of the little The state of the s Mrs. andread femilies you reall discount to be and and annual Burn't functed Heart, well art, Burnish at 1996 At Miss and Park 31 6 M 35

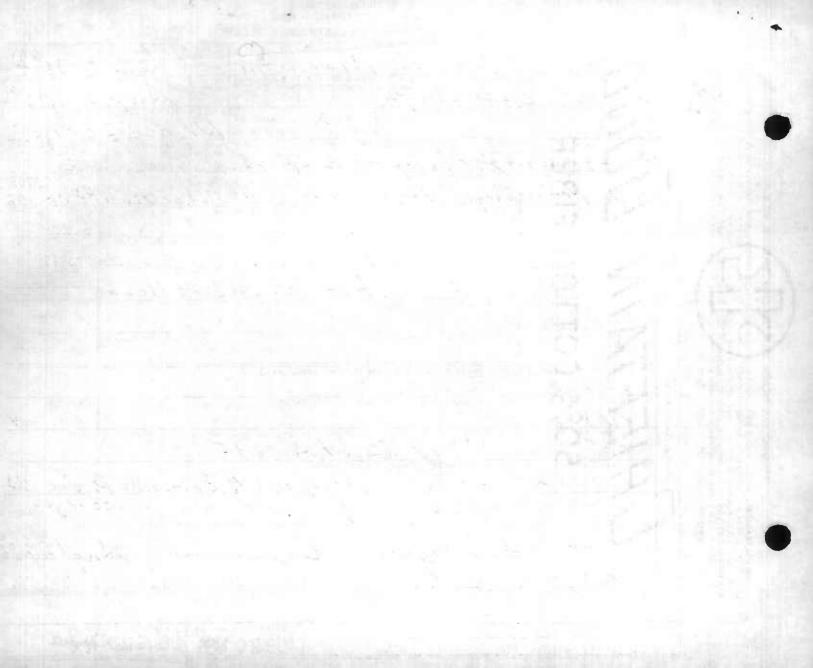
| | | | | STATE OF MARYLAND | |
|-----------|--|--|--|--|---|
| | | | FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 17 |
| | | 14.0 | - STATE REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 3 4 |
| n - n | 1710 | 0 0 | 1. DECEASED NAME FIRST | REG. NO. | |
| 0 0 | 1113 | 0 0 | [TYPE OR PRINT] | ADDIE LAST OF ESTI- | DAY YEAR 26 HOUR |
| | 杂类的名 | 1. | John | Charles/Vulley 12 DEATH MATED | 1019 DX 53/PM |
| | 코딩포딩 | STREE | | ATE OF BIRTH 6. AGE IN YEARS IF UNDER I YR. IF UNDER 24 HRS 20 DATE MONTH | DAY YEAR 24 HOUR |
| | DIRECT P | (r) | MOI NO | NTH DAY YEAR LASSBIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED | 01531 |
| | 2007 | o n | 100 W V. | on 3. 89 9 YRS. DEAD Nick | 19 19/16 PM |
| | NA WE | 2000 | To BRITHPLACE (STATEON 76. C | ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| | 2225 | BOX | | The same of the sa | CD 7088 MD |
| | E FILE | 3 | IB. CITY OR TOWN OF DEATH | U. S.A. | Th KIND OF BUSINESS |
| | SE SE | · X8 | | IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| | ATH. IF ANY DELAY SATIZIAND 3 TO TH PAR. 3. RETAIN PAG. NO.2 SHOULD BE FIL | 50 | Lannz no K | Incher's Heye of P& Colonel | J.S. Army |
| = | 0 N N | S. C. | USUAL RESIDENCE (IF IN NURSING HOME OR OTHE | R INSTITUTION, GIVE RESIDENCE BEFORE ASSAUSSION) | |
| 21201 | Z Z L | 3901 4 | 130. STATE | 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13A STREET ADDRESS | 101.1.72 |
| | SE A | 3 | This Arince | reorgest Lanhan YESTO NO 1915 C. Truel | 17X6X 13 |
| WD. | PATH | 4/1/ | A FATHER'S NAME | DLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE | LAST |
| , iii | PAGE | 160 | John C. | Mullenix Mary J. | |
| ō | AAG | 0 | 160 WAS DECEASED EVER IN U.S. ARMED F | | Leggett |
| ¥. | E P S S S S S S S S S S S S S S S S S S | 6 / | (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR | 9509 Sne. | ridan St. |
| BALTIMORE | S AFTER DEA GIVE PAGES IITH FORM | SIS / | Yes 11914-19 | 346 213-48-8378 John C. Mullenix Seabrook | k. Md. |
| : | | SIENE, DIVISION O | 18. CAUSE OF DEATH (Enter only one | couse per line far (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| TST | 24 HO ITEM 1 LONG | H AND MENTAL HYGIENE, D MATION, OR REMOVAL. | PART I DEATH WAS CAUSED BY: | No de la vocationa Di | BETWEEN ONSET AND DEATH |
| ő | 2 HO H | SE | IMMEDIATE CAI | DUE TO, OR AS A CONSEQUENCE OF | |
| PRESTON | ZZAZ | ¥ P | Condition if you which | DUE TO, OK AS A CONSEQUENCE OF | |
| 9 | ESES | AL RE | Canditions, if any, which gave rise to immediate | (b) | |
| ≥ | N N N N | Ző | cause (a) stating the under- | DUE TO, OR AS A CONSEQUENCE OF | |
| 201 | UTED WITHIN IN PENCIL IN EXAMINER | ₹z` | lying cause lost. | | |
| | 25.23 | HEALTH AND ME | | (c) | |
| RECORDS | LD BE EXEC PENDING' MEDICAL D AS A BU | I S I | | RUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. | |
| Ö | A S II S | 512 | 0 /1/00 | | |
| 2 | ED V | 出しる | 190. DATE OF OPERATION 710 EXTERNAL CAUSE WAS | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| ₹ | E SE SE | H & | J / / / / / / / / / / / / / / / / / / / | | |
| | S O S | 173 | 210 EXTERNAL CAUSE WAS | 216 TIME OF INJURY 216 HOW IN HERY OCCURRED JENTER NATURE OF INJURY IN ITEM TO BART LORD ARE | YES NO |
| Ö | ATE W | ₩2 M | UNDERLYING OR | 1216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR | T 2) |
| Z | SE-02 | N. N. | S CONTRIBUTING CAUSE OF DEATH | | |
| DIVISION | TING SED TO | E DEPARTMENT OF HEAD OF PRIOR TO BURNAL, C | CONTRIBUTING CAUSE OF DEATH | 21e PLACE OF INJURY (ATHOME. 21f. LOCATION | |
| > | DE BE | 200 | WHILE NOT WHILE | STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU | NTY STATE |
| | THIS CERT E, WRITING WARDED PAGE 3 SH | TATE D | AT WORK AT WORK | | |
| | P. TE. T | D, D | 22a Leartify that Ltook charge of th | ne remains described abave, held an Autopsy , Inspection Inquiry and in my api | |
| | ₹255 | IZ | | | nion |
| | 3E80 | 문 | death resulted from: Notural cou | uses . Accident ., Suicide ., Homicide . Undetermined monner | |
| | 2 H 9 H | 3₹ | 10 | TITLE (SPECIFY) | |
| | 1404 | I, S | ACTUAL SIGNATURE | M.D. Den MEDICAL EXAMINER SURNING | ux19198 |
| | り 作 出 記 | A A | 19 | | 01 |
| | WED CUTE | 2≥> | EXAMINED SNAME John | S. Rogers, M.D., Dep. | |
| | O N N O | F. P. 7 | (TITE SKIPKINT) | ADDRESS | |
| | TO MEDICAL EXAMINER: THIS CEL EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 | ₩ | 230. BURIAL, CREMATION, REMOVAL 23b. DA | TE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY | TY STATE |
| 07/84 | | - 11 | (0.00) | 22/86 Arlington National Arlington, | Virginia |
| 25M | Ü | | 24 FUNERAL DIRECTOR | 25g DATE DEC'D BY DEGISTRAD 25h DEGISTRAD'S SI | |
| | DHMH - | . 17 | NARandon/Hala La | anhams Funeral Home CEDE 4000 | |
| | (VR A15 A | | 9013 Annapolis | Rd. Lanham, Md. 20706 SEP. 5 1986 Julia Durdon | Mandalle |

And the Company of th

| | | | | | | | | MARYLAND | | | N 400 -1 | |
|-------------------|--|---------------|--------------------------------------|-------------------|-------------------------|-------------------------|---------------|--------------------------|----------------------|-----------------------|--------------------------------|--------------|
| | | | FOR STATE | | | | | H AND MENTAL | 7 | 2 3 | 3 3 1 | |
| 10-1 | 1607 | | REGISTRAR | FIRST | WED | ICAL EXAM | MEK.2 | CERTIFICATE | Your | REG. NO. | | - |
| 10 1 | 4001 | | CEASED NAME ORPRINT) | F #K 51 | / | WIDOLE | 16 | that | Za DATI OF | ESTI- H MATED | MONTH DAY YEAR | 26 HOUR |
| | ELEGE SA | | Geo | orgiana | | appin | Mur | pay | | | 30 198 | 9 M |
| | 유민도오림 | 3 SEX | 4 RAC | | DATE OF BIRTH | VEAD LACY BOD | HOAY) MON | | R 24 HRS. 2c. DA | UNCED Q | ONIH DAY YEA | 2d HOUR |
| | 82888 | 121 | nate W. | |) | | YRS. | | DE | 0 | 190 | ONDM |
| - | · 公里的主题 | FO | RTHPLACE (STATE OR REIGN COUNTRY) | | CITIZEN OF WH | | 8 MARE | RIED NEVER MAR | RIED BALT | IMORE CITY OR | COUNTY OF DEATH | |
| | 25037/ | | ashington | | U.S.A. | | | WED DIVOR | | RINCE GE | ORGE'S | MD. |
| 1 | NARABE // | No. CI | OR TOWN OF DE | ATH 1 | | ITAL, NURSING HO | ME, OR OT | HER INSTITUTION | FOR MOST OF W | UPATION ITYPE O | F WORK 12b KIND OF OR INDU: | STRY |
| 12 | 30256/0 | 18 | ust Tank | | 12/2-01 | romoffue | nue, | ANT 106 | Secreta | ary | U.S. | Gov't |
| 4 | 203982 | 13a S | L RESIDENCE IF IN N | 1136 COUNTY | OTHER INSTITUTION, GIVE | 13c. CITY OR TOWN | | 13d INSIDE CITY LIMITS? | 130 STREET ADD | RESS | 2070 | 16 |
| 1 | る名類の発 | | Maryland | Prince | Georg's | Suitia | na | YES NO | 5212 1 | Morris A | v. Apt. 10 | 6 |
| WD | E 2001/ | 14. F | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAI | | WIOOFE | LAST | - |
| ui de | Sagar O | | Robinson | Lappin | | | | | Johnston | | | |
| O. | N N N N N N N N N N N N N N N N N N N | 16a. V | AS DECEASED EVER | I HE YES, GIVE WA | D FORCES? | 166. SOCIAL SECU | RITY NO. | 17 INFORMANT | W-11 T | 108 Ra | wlings Rd. | |
| ALT | PAGE A | | No | | N/A | 579-34-7 | 188 | George B. | · Kelly J | Gaithe | rsburg, Mo | . 20788 |
| | SOME | | 18 CAUSE OF DEA | TH (Enter only o | one cause perfine f | for (o), (b), and (c),) | | - 1 | | , . | APPROXIM BETWEEN ON | ATE INTERVAL |
| 2 2 | SE SESSION | - | PART I DEATH V | MAS CAUSED B | 1 1111 | one bor | huest | vepulms | many, d | neare | | |
| of | AEOREO VEDEN | | | | . (- 1 | AS A CONSEQUENCE | CE OF | | 1 | | | |
| 2 | ALT AND ALT | | Canditions, if gave rise to | | (b) | | | | | | | |
| * | S S S S S | | cause (a) statin | g the under- | | AS A CONSEQUENC | E OF | | | | | |
| 2 | SECUTION IN THE EXPLOREMENT TO ME AND | - | lying couse lost | | (c) | | | | | | | |
| RECORDS, | X Y S S S S S S | - | PART 2 OTHER SIGNIFICA | NT CONDITIONS CON | NTRIBUTING TO DEATH B | UT NOT RELATED TO THE 1 | ERMINAL DISEA | SE OR CONDITION GIVEN IN | PART 1 a | | | |
| 8 | PENDIN PENDIN FF MEDIC FED AS A HEALTH HEALTH | 0 | 1000 | | | | | | | | | |
| 94 | HOULD NSED NEED OF HE OF HE A | CERTIFICATION | 19a. DATE OF OPER | ATION | 196 CONDITI | ON FOR WHICH O | PERATION | WAS PERFORMED? | A TOTAL | | 20 AUTOP | Y? |
| ¥ | SSE SSE | E | | | | | | | | | YES [| NO P |
|)F) | AND BENEFIT | CER | 21a EXTERNAL CAL | , | 21b. TIME OF | INJURY MONTH DAY Y | 21c. F | HOW INJURY OCCUR | RED LENTER NATURE OF | INJURY IN ITEM 18 PAR | RT I OR PART 2) | |
| DIVISION OF VITAL | CERTIFICATE SHA PED TO THE CH E 3 SHOULD BE U CEPARTMENTO | 3 | UNDERLYING CONTRIBUTING | | | 19 | | | | | | |
| VISIO | PER J | MEDICAL | 21d. INJURY OCCU | | | FINJURY (AT HOME | . 21f LC | STREET | CITY OR | LOMPI | COUNTY | STATE |
| ā | SA A DES | 2 | AT WORK AT | WORK - | 318661,778616 | on, cam, cicy | | 0,100,0 | CIIIOX | 10WIN | COUNT | 31416 |
| | TE, 178. | | 220 I certify that | t I took charge | of the remainsfless | ribed abave, held o | n Auto | psy , Inspect | non , Inqui | ond ond | in my opinion | 77 |
| | ECETIFICATE ULD BE FOR WITH THE S MARYLAND | | death resulted fro | | | Accident . | Suicide [| , Hamicide | Undetermined | | m my opinion | |
| | CAMI ERTIFIED BE IRECT | | dedily resulted ito | 1 | 100 | Accident (a) | Solcide _ | TITLE (SPECIFY) | Olidetellimed | mainter | | |
| | A COUNTY | | ACTUAL SIGNATURE | ugunl | 1. Kodi | yuer- | - | Deputy | MEDICAL EX | AANIAED | DATE 8-2 | -86 |
| | SEA SEA | 1 | | 0 | // | 110 | | | THE PARTY CA | AMILIAN. | 2000000 | |
| | PECUTA AND AND AND AND AND AND AND AND AND AN | | (TYPE OR PRINT) | Augu | sto P. R | odriguez, | M.D. | ADDRESS 5009 | Rayburn | Ct , Tem | ple Hills, | MD |
| | TO MEDICAL EXAMENE CERT THE CERT PAGE 4 SHOULD FOUNERAL DIRE AFTER DEATH, WIT BALTMORE, MARY | 23a.B | URIAL, CREMATION, | | | | | OR CREMATORY | 23d LOCATION | 1 | COUNTY | STATE |
| 07/84 | BP | | Cremat | ion 8 | 3/3/86 | Lee Cr | emato | ry | Clint | on P. | .G. Co., Mc | 1. |
| 25M | DHMH - 17 | | JNERAL DIRECTOR | | . 6633. | Old Alexa | nder 1 | Ferry Radai | E REC'D. BY REGIST | RAR 256 REGIST | MAR'S SIGNASHELL | 2 |
| | (VR A15 ME (5)) | L | ee Funeral | . Home J | nc Clint | on, Maryl | and : | 20735 AU | 6 6 1986 |) dimension | | |
| | | | | | | | | | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN P MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH 4 RACE AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Massachusetts COVECISMO 126 KIND OF BUSINESS OR INDUSTRY NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK Sustems Analust NAVSEA OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR 20705 13a STATE 13c. CITY OR 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FORM FIRST Jean Grabau Murphy. James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS T. PAGES I CIEYES GIVE WAR OR DATES 579-40-4191 Barbara B. Wife Same as Murphy CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ASA CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO D 2 SHOULD BE DEPARTMENT BU 716 EXTERNAL CAUSE WAS 2 Ib TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING BOR
CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY. UNDERLYING MEDICAL PRIOR 19/ 21d. INJURY OCCURRED 21e PLACE OF INJURY THE LOCATION AT WORK AT MAT MATTER STREET, FACTORY, FARM, ETC.] o me EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
ATTER DEATH, WITH THE SI
BALLMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autapsy and in my doing on D Suicide X death resulted fram. Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John S Rogers. M.D ADDRESS 1919 Seminary Road Silver Spring. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial Aug 20 1986 All Saints Cemetery 07/84 BP Jensen Beach 25M 24 FUNERAL DIRECTOR Francis J. Calelins, Jr. 730. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. W. Silver Spring.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR ECEASED NAME KNOWN XX MONTH 2a DATE (TYPE OR PRINT) OF ESTI-Russell DEATH MATED Bernard Neidia 19 86 4 RACE DATE OF BIRTH IF LINDER 24 HRS 2d HOUR 2s. DATE LAST BIRTHDAY PRONOUNCED 11:15 Male 19 86 White 49 DEAD a. M 76 CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Penna. Prince GEorge's County, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Roofer Construction Cheverly Prince George's General Hospital Lebanon Jonestown 13d. INSIDE CITY LIMITS? P.O. Box 4424 RD#2 17038 Penna. 4-FATHER'S NAME 15 MOTHER'S MAIDEN NAME Earl Minnie Neidig Rhen 166 SOCIAL SECURITY NO. 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 195-42-7872 Jan Neidig Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YESXX NO 1 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3: 5] P.M. 7-30 1986 subject fell from roof 21d INJURY OCCURRED THE PLACE OF INJURY JATHOME THE LOCATION AEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BATTIMORE, MARY DAMID, 21201 PK STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX AT WORK CITY OR TOWN work site Ritz Way, Beltsville, Prince GEorge's Co., Md. Autopsy XX 22a. I certify that I taak charge of the remains described extove, held an death resulted fruit Hamicide Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-2-36 SIGNATUR EXAMINER'S NAME Dennis F. SMyth 111 Penn St., Balto., Md. 21201 . M.D. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Penna. Burial Annville Grand View Mem Park Lebanon George J. Gonce 4001 Ritchie Hgwy Balto, Md **DHMH - 17** (VR A15 ME (5))

107507 THE STATE OF THE S nesis . off as are: I Entry on the transfer the handle who are in the same in the

| 00-16851 | FOR STATE REGISTRAR | | DEP | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | . HY |
|----------|---------------------|-------|--------|---|------|
| 38 | 1. DECEASED NAME | FIRST | MIDDLE | LAST | H |
| be eath | (TYPE OR PRINT) | E | ı ee | NEUMANN | |

| STATE OF MARTLAND | |
|--|--|
| EPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| CERTIFICATE OF DEATH | |

| REG, N | 2 3 | G | 2 | diff. | |
|--------|-------|-----|------|----------|--|
| ATH | MONTH | DAY | YEAR | 2b. HOUR | |
| 20 | 1001 | 1 | | ~ | |

| | SED NAME | FIRST | , | AIDDLE | U | AST | 7. Ho | 2a. DATE OF DE | ATH MONTH | DAY | YEAR | 2b. HOU | JR |
|-------------------------|---|---------------|---------------|-------------------|----------------|----------------------|---------------|---------------------|-----------------------|---------------|-----------|-------------|--------|
| (TYPE OR PR | ADI | NE | | ee | NEW | MANN | | AUGUST | 30, 198 | 36 | | 7 | AN |
| 3. SEX | | | 4. RACE | | 5. DATE O | F BIRTH | | 6. AGE (IN YEAR | LAST BIRTHDAY) | | ER I YEAR | IF UNDER | 24 HRS |
| FEN | MALE | | CAUCASII | an | MONTH | | 19 18 | 68 | v | RS. | DAYS | HOURS | MIN. |
| | PLACE (STATE OF F | OREIGN | b. CITIZEN OF | | RY? 8 | D NEVER | | 9 BALTIMORE | | | EATH | | |
| NORTI | H CAROLI | NA | USA | | WIDOWE | | VORCED | PRINCE | GEOR | 2GE | | | MI |
| 0 CITY O | R TOWN OF DEA | TH | | HOSPITAL, NUI | RSING HOME O | R OTHER INS | ITUTION | 120 USUAL OC | CUPATION | 12b | KIND O | F BUSINE | |
| LAUR | REL | 1.0 | GREATER | LAUREL | | JE Hor | n.F | (TYPE OF WORK FO | R MOST OF WORK | NG LIFE) IN | JUSIKT | | |
| JSUAL RE | SIDENCE (IF NURSI | 136 COUN | | GIVE RESIDENCE BE | FORE ADMISSION | 13d. INSIDE C | | 13e STREET ADD | DECC / 7ID / | CODE | | | 17. |
| | YLAND | - | GEORGE | BOWI | | YES S | NO [| 1 | Molly | | 20 | 715 | |
| | R'S NAME | | | | | | MAIDEN NA | ME | | | | | |
| Ru | FFIN | | R. | JOHN: | SON | | FIRST | N | AIDDLE | | EZZE | | |
| a WAS | DECEASED EVER | | | 166 SOCIALS | | 17 INFORMA | NT | 13 | 2 ⁴² 088 E | oxhi | | | |
| | NOWN | (IF YES, GIVE | WAR OR DATES) | 237.14. | 2848 | Phv1 | is Ne | umann | Bowie | | | | |
| go con und PAR | onditions, if ony, over rise to imm use (o), stotim derlying couse RT 2 OTHER SIGN DATE OF OPERAT | lost. | ONDITIONS CO | TMET | | SETTE | 5, M | AINAL DISEASE CO | V? 206. 1 | F YES, WER | E FINDIN | IGS USER | TH? |
| On a | ACCIDENT WAS UND | AUSE OF DEA | HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW IN | JURY OCCURI | RED (ENTERNATUR | E OF INJURY IN ITE | M 18 PART I O | RPARI 2) | | |
| 21d | INJURY OCCURR | ED | 21e. PLACE | | | 21f LOCATH STREET | ON | 0. | ITY OR TOWN | C | YIMUC | S | STATE |
| | I certify that (I) saw the decease above, (I) (we) (d | d olive on. | 8/28 | 1 | | d that in (my) | (our) opinion | death occurred o | n the date and | hour and | | that (I) (v | |
| | SIGNATURE | en | 116 | in | b | | | MEDICAL DIRECTOR | STAFF PHYSICIAN | | 2c. DATE | SIGNED SU/8 | 6 |
| 22d. | PHYSICIAN'S NA | CAS. | | 50 | | | laure | PK Dr. + | teri le | usel | ned . | 2070 | 27 |
| 3a. BURIA | AL, CREMATION, I | REMOVAL | 23b. DATE | 7 | THE NAME OF CI | EAACTERY OR | | 23d LOCATIO | 261 | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows only injury, or other traumatic event, this

24. FUNERAL DIRECTOR

W. Clarke Mattingley Leonardtown, Maryland 1986

u

FOR - STATE

| | STA | TE O | FM | ARYL | AND | |
|------------|-----|------|-----|------|------|---|
| DEPARTMENT | TOF | HEA | LTH | AND | MENT | A |

L HYGIENE CERTIFICATE OF DEATH

3 3 d

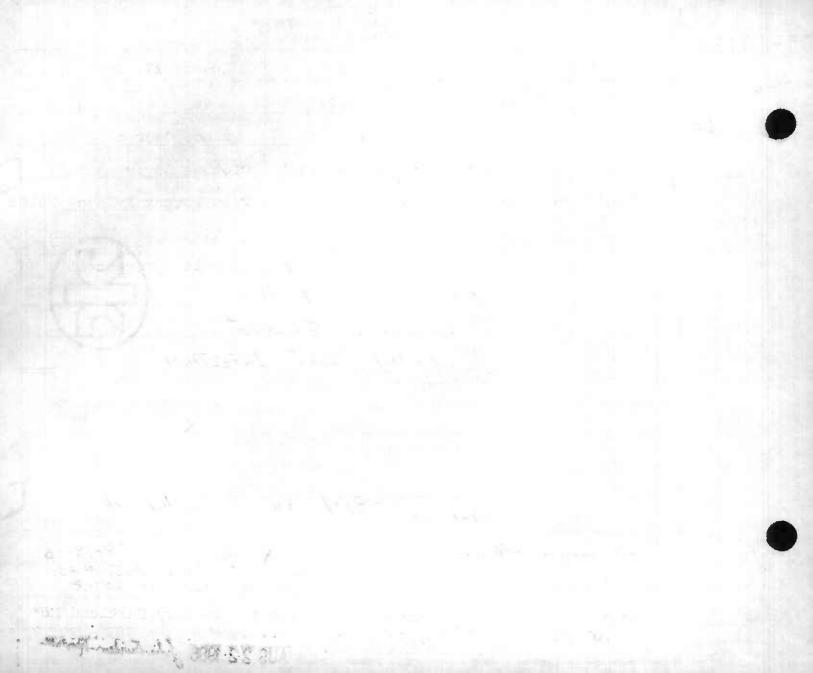
| Clinton OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ON | Nichols August 17, 1 S. DATE OF BIRTH Aug 9 1906 **MARRIED NEVER MARRIED Prince George OSPITAL, NURSING HOME OR OTHER INSTITUTION ACRITY, GIVE STREET ADDRESS) TO Maryland Hospital S. DATE OF BIRTH Aug 9 1906 **MONTH AUG 9 1906 **MARRIED NEVER MARRIED Prince George OSPITAL, NURSING HOME OR OTHER INSTITUTION ACRITY, GIVE STREET ADDRESS) TO Maryland Hospital S. CITY OR TOWN Suitland S. CITY OR TOWN Suitland S. SOCIAL SECURITY NO. 17 INFORMANT AS A CONSEQUENCE OF PULMONTH IN TAKETION AS A CONSEQUENCE OF | DEATH MD. MS. KIND OF BUSINESS OR NUSTRY Retail |
|--|--|--|
| ATIEN Male Male MHite Mashington DC Mayber Clinton Maryland Middle Middl | S. DATE OF BIRTH Aug 9 1906 80 9 BALTIMORE CITY OR COUNTY OF E 120 USUAL OCCUPATION 121 USUAL OCCUPATION 120 USUAL | DEATH DE |
| Male White To BIRTHPLACE (STATE OR FOREIGN Washington DC USA 10 CITY OR TOWN OF DEATH Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE) 130 STATE Maryland Pr George 14 FATHER'S NAME Allen Pendall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (FYES NOOR UNRNOWN) (FYES OW WAR OR DATES) YES 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) | ANONTH AUG 9 1906 AUG 9 1906 HAT COUNTRY? MARRIED NEVER MARRIED Prince George Prince George Never Married Prince George Prince George Never Married Never Most of Working Life; Never Most of Worki | DEATH DE |
| To BIRTHPLACE (STATE OR FOREIGN VASHINGTON DC USA TO CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF USON STATE Allen Pendall 14 FATHER'S NAME FIRST MIDDLE Allen Pendall 160 WAS DECEASED EVER IN US. ARMED FORCES? (YES NO OR UNKNOWN) YES USON OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR A Conditions, if ony, which gover rise to immediate couse (o), stating the DUE TO, OR A | Aug 9 1906 HAT COUNTRY? MARRIED NEVER MARRIED Prince George OSPITAL, NURSING HOME OR OTHER INSTITUTION LACILITY, GIVE STREET ADDRESS) OTHER MARYLAND HOSPITAL OTHER MARYLAND LAST Nichols Marie OSPITAL, NURSING HOME OR OTHER INSTITUTION LACILITY, GIVE STREET ADDRESS) OTHER MARYLAND OTHER MARYLAND OTHER MARRIED PRINCE GEORGE OTHER MARRIED PRINCE GEORGE (TYPE OF WORK FOR MOST OF WORKING LIFE) IN Clothes Buyer OTHER MARYLAND OTHER MARYL | DEATH DE |
| Washington DC USA 10. CITY OR TOWN OF DEATH Clinton Southe: First Southe: Maryland Pr George: 136. COUNTY Maryland Pr George: Allen Pendall 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes OPE UNKNOWN) Yes 1940-1944 18 CAUSE OF DEATH (Enter only one couse per lime PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR A Conditions, if ony, which gover rise to immediate couse (o), stating the DUE TO, OR A | MARRIED DONCCED Prince George DEPITAL, NURSING HOME OR OTHER INSTITUTION ACRIETY, GIME STREET ADDRESS) TO Maryland Hospital Clothes Buyer VERSIDENCE BEFORE ADMISSION) 33. CITY OR TOWN Suitland 15 MOTHER'S MAIDEN NAME FIRST Nichols Marie Virginia 15 MOTHER'S MAIDEN NAME FIRST Nichols Marie Virginia 16 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3721 578-12-5028 Charles H Nichols Fore MYOCALDIAL INFARCTION AS A CONSEQUENCE OF PULMONAMY FAILURE AS A CONSEQUENCE OF | Retail Venue 20746 Wildman Donnell Drestville Md |
| Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE 136 COUNTY Maryland Pr George 14. FATHER'S NAME FIRST Allen Pendall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) YES 18. CAUSE OF DEATH (Enter only one couse per limpart) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR A Conditions, if ony, which gover rise to immediate couse (b), stating the DUE TO, OR A DUE TO, OR A | WIDOWED DIVORCED Prince George | Retail venue 20746 Wildman Donnell Drestville Md |
| Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE 130 STATE 134 COUNTY Maryland Pr George 134 FATHER'S NAME FIRST Allen Pendall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 1940-1944 18 CAUSE OF DEATH (Enter only one couse per limpart in DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO) DUE TO, OR A Conditions, if ony, which gave rise to immediate couse IO1, stating the DUE TO, OR A | ACRITITY, GIVE STREET ADDRESS) IT Maryland Hospital Clothes Buyer VERESIDENCE BEFORE ADMISSION) Suitland VERSIDENCE OF TOWN SUITLAND 15 MOTHER'S MAIDEN NAME FIRST Nichols Marie Virginia 66. SOCIAL SECURITY NO. 17 INFORMANT SOCIAL SECURITY NO. 17 INFORMANT AS A CONSEQUENCE OF PULLMENT HOSPITAL AS A CONSEQUENCE OF PULLMENT HOSPITAL (1) PLOF WORK FOR MOST OF WORKING LIFE) INFORMANT (1) INFORMANT ADDRESS 3721 AS A CONSEQUENCE OF PULLMENT HOSPITAL (1) PLOF OF WORK FOR MOST OF WORKING LIFE) INFORMANT AS A CONSEQUENCE OF PULLMENT HOSPITAL (1) PLOF OF WORK FOR MOST OF WORKING LIFE) (1) INFORMANT AS A CONSEQUENCE OF PULLMENT HOSPITAL (1) PLOF OF WORK FOR MOST OF WORKING LIFE) (1) INFORMANT AS A CONSEQUENCE OF PULLMENT HOSPITAL (1) PLOF OF WORK FOR MOST OF WORKING LIFE) (1) INFORMANT AS A CONSEQUENCE OF PULLMENT HOSPITAL (1) PLOF OF WORK FOR MOST OF WORKING LIFE) (1) INFORMANT ADDRESS 3721 AS A CONSEQUENCE OF PULLMENT HOSPITAL (1) PLOF OF WORK FOR MOST OF WORKING LIFE) (1) INFORMANT ADDRESS 3721 AS A CONSEQUENCE OF | Retail Zenue 20746 Wildman Donnell Drestville Md |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CIVISION STATE Maryland Pr George 14 FATHER'S NAME Allen Pendall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (154 YES ONO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per limport of the part o | rn Maryland Hospital Clothes Buyer | Retail Venue 20746 Wildman Donnell Drestville Md |
| 136 STATE 136 COUNTY 138 MARYLAND 138 MARYLAND 139 MARYLAND 139 MARYLAND 139 MARYLAND 14 FATHER'S NAME MIDDLE 14 FATHER'S NAME MIDDLE 15 MARYLAND 16 MARYLAND 16 MARYLAND 16 MARYLAND 16 MARYLAND 17 MARYLAND 18 CAUSE OF DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: MARYLAND 136 COUNTY 138 MARYLAND 16 MARYLAND 16 MARYLAND 16 MARYLAND 16 MARYLAND 16 MARYLAND 16 MARYLAND 17 M | Suitland 13d INSIDE CITY LIMITS? 13d STREET ADDRESS / ZIP CODE 2419 Porter AV 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 INFORMANT ADDRESS 3721 578-12-5028 Charles H Nichols Fore 17 INFORMANT ADDRESS 3721 578-12-5028 Charles H Nichols Fore 18 MYOCALDIAL INFARCTION AS A CONSEQUENCE OF PULLMENTAL Y FAILURE AS A CONSEQUENCE OF PULLMENTAL Y FAILURE AS A CONSEQUENCE OF 18 MOTHER 18 | Wildman Donnell Drestville Md |
| Allen Pendall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR A Conditions, if ony, which gave rise to immediate couse (b), stating the DUE TO, OR A | Suitland YES NO 2419 Porter AV Is MOTHER'S MAIDEN NAME Nichols Marie Virginia So. SOCIAL SECURITY NO. 17 INFORMANT SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3721 578-12-5028 Charles H Nichols Fore Myochloid INFARCTION AS A CONSEQUENCE OF PULMENARY FAILURE AS A CONSEQUENCE OF | Wildman Donnell Drestville Md |
| Allen Pendall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (150 MARNOWN) Yes 1940-1944 18 CAUSE OF DEATH (Enter only one couse per limpart i. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR A Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR A | Nichols Marie Virginia So. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3721 578-12-5028 Charles H Nichols Fore Myochloial INFARCTION AS A CONSEQUENCE OF PUCMENTARY FAILURE AS A CONSEQUENCE OF | Wildman Donnell Drestville Md |
| Allen Pendall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 (YES NO OR UNKNOWN) (16 YES GIVE WAR OR DATES) 1940-1944 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR A gave rise to immediate couse (o), stating the DUE TO, OR A | Nichols Marie Virginia 66. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3721 578-12-5028 Charles H Nichols Fore The for (a), (b), and (c) MYOCALDIAL INFARCTION AS A CONSEQUENCE OF PULMENARY FAILURE AS A CONSEQUENCE OF | Donnell Dr |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR A gave rise to immediate couse (o), stating the DUE TO, OR A | 578-12-5028 Charles H Nichols Fore MyocAlDIAL INFARCTION AS A CONSEQUENCE OF PULMENARY FAILURE AS A CONSEQUENCE OF | Donnell Dr |
| I & CAUSE OF DEATH (Enter only one couse per lime PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR A Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR A | 578-12-5028 Charles H Nichols Fore MyoCALDIAL INFARCTION AS A CONSEQUENCE OF PULMENARY FAILURE AS A CONSEQUENCE OF | estville Md |
| IS CAUSE OF DEATH (Enter only one couse per lime PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR A Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR A | AS A CONSEQUENCE OF PULLMENT AS A CONSEQUENCE OF | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR A Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR A | MYOCALDIAL INFARCTION AS A CONSEQUENCE OF PULMENTARY FAILURE AS A CONSEQUENCE OF | |
| Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR A | AS A CONSEQUENCE OF PULMENTAL Y FAILURE AS A CONSEQUENCE OF THE | |
| Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR A | PULMENARY FAILURE AS A CONSEQUENCE OF THE | |
| gave rise to immediate couse (a), stating the DUETO, OR A | AS A CONSEQUENCE OF | |
| | | |
| | UNITED LAC INFECTION | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CON- | ITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN | ALDADI I |
| | THE PERMITTER OF THE PERMITTER OF THE PERMITTER OF CONDITION OF THE | TAKI 110 |
| 190 DATE OF OPERATION 196 CONDITION 210. ACCIDENT WAS UNDERLYING 216. TIME OF INCIDENT AMOUNT AND AMOUNT AND AMOUNT AM | | RE FINDINGS USED |
| ⟨ <u> </u> | YES \(\tag{NO}\) NOX YES \(\tag{YES}\) \(| G CAUSES OF DEATH? |
| 210. ACCIDENT WAS UNDERLYING 216. TIME OF IN | | OR PART 2) |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. | MONTH DAY YEAR | |
| 21d INJURY OCCURRED 21e. PLACE OF | INJURY 211 LOCATION | |
| WHILE NOT WHILE AT WORK AT WORK | T. FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN C | COUNTY STATE |
| 22a.1 certify that (1) (this haspital) attended the d | deceased from - 8/1/ 19.86 to 8/17/ 19.5 | that (I) (we) last |
| saw the deceased alive an abave, (1) (we) (did) (did not) view the bady aft | 19 8C and that in (my) (our) apinion death occurred on the date and have and | |
| 22b. SIGNATURE | | 22c. DATE SIGNED |
| Abdulhoren N. Adlani | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 8-18-86 |
| 228 PHYSICIAN'S NAME (TYPE OR PRINT) | 22e ADDRESS 4467 OLD BRANCH AUS | |
| Abdulhosein N Adhan | | |
| 230 BURIAL, CREMATION, REMOVAL 236, DATE | 86 Washington National Cemetery Sui | |
| (SPECIFY) | | and the same of th |

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANI: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

Wilhelm 24 FUNERAL DIRER &bert E

Funeral Home Suitland, Md.



Film G620 item 16a FOR - STATE 10/16/86 r REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3

| DECEASED NAME | First Mary | | last Deman | 20 DATE OF DEATH | | YEAR | 26. HOL | |
|---|--|---|------------------------------------|--|-------------------------------|------------------------|----------------------|------|
| 3 SEX Penale | 4. RACE Caue. | | OF BIRTH DAY YEAR 26 21 | 6 AGE (IN YEARS LAST BIRTH | MONTE | DER I YEAR | IF UNDER | |
| Penna. | OREIGN 76 CITIZEN OF | WHAT COUNTRY? | ED NEVER MARRIED | 9 BALTIMORE CITY OR Prince Geo | COUNTY OF | DEATH | | M |
| Oxon Hill | 1107 S | HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS) TRATMOOD AVE. | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired | WORKING LIFE) IN | b KIND ONDUSTRY Blue 1 | | |
| Maryland | ING HOME OR OTHER INSTITUTION IS COUNTY Pr. George | N. GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN OXON HILL | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 1107 Strat | | re. 20 | 0745 | |
| Elmer | MIDDLE A. | Yeager | IS MOTHER'S MAIDEN NA FIRST Honora | WIDDLE | | New | 1 | |
| 160 WAS DECEASED EVER (YES, NO OR UNKNOWN) YES | IN U.S. ARMED FORCES? | 281-26-0534 | Tommy J. Noe | man same as | | 13 | | |
| | which nediate g the last (c) | OR AS A CONSEQUENCE OF | T NOT RELATED TO THE TERA | MINAL DISEASE OR COND | ITION GIVEN II | N PART TIE | | 404 |
| 19a DATE OF OPERAT | ION 196. CON | DITION FOR WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | | | TH? |
| OR CONTRIBUTING CO | AUSE OF DEATH LALEXAMINER) RED 21e PLACE | | 21f. LOCATION STREET | city or tow | N 19_ e and haur and | COUNTY | that (I) (causes ste | |
| 22d PRYSIMAN'S NA | ME (TYPE OR PRINT) Haidak, M.D | | PHYSICIAN [| DIRECTOR PHYSICI | AN 🗍 | 411 | 106 | A I |
| 230. BURIAL, CREMATION, | | 23¢ NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | 50 | UNTY | | TATE |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If He

TO HOSPITAL OR ATTENDING PHYSICIAN. The

George P. Kalas 6160 Oxon Hill Rd. Oxon Hill, MdAUG 19

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE AND AUGUST AND AUGUST

| 02:3 35 31 S | | tal s | | |
|------------------|---------------|-----------------|----------------|-------------|
| | 13 90 | U-, | THIC. | 36/110 |
| Mince Glerge | | | | |
| stelling much | | | | III more |
| 107 1111 | | 111 | right approxi- | Sanityro. |
| V. Hew | ETOTOR | 785.40 | | mossfil |
| of eather one | mane .7. vers | 10-0-10- | | |
| | | 1 | | |
| | Server govern | | | |
| | | | | |
| | W. 3. | age of the same | T post of | 2 |
| 27.21支 | | | | 6-37 |
| .ST .mitulff .bu | Drawbook 12 | | | in , b bive |
| | 3015, 1211 | | | Cromatical |

| N - 1 | 5283 | 1. | FOR STATE REGISTRAR | | | DEPART | MENT OF H | E OF MARYLAND LEALTH AND MENTAL HYO LICATE OF DEATH | SENE 6 2 | 3 8 | S | 1 |
|--|--|---------------|--|---|-------------------------------|-------------------------|-----------|---|------------------------------------|---------------------|------------------|-------------------------------|
| 0 1 | | | CEASED NAME OR PRINT) Ma: | FIRST | F. | MIDDLE | | rton | 20 DATE OF DEATH M | | YEAR | 26. HOUR 2:45PM |
| | deat | | | L Y | | | | | August 11, | | | // |
| - | or. p | 3 SE | | | 4 RACE | | 5 DATE (| DAY YEAR | 6. AGE (IN YEARS LAST BIRTH | MONTH | DER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| | ors o | | male | | Caucasi | | 07/ | /01 | 85 | YRS. | | |
| | 1 76 | | RTHPLACE (STATE OR FO | DREIGN | | WHAT COUNTRY? | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR | | PEATH | |
| | | | nn. | | U.S.A | | WIDOW | | Prince Geo | | | WE |
| 1 | 521 01 | 1 | TY OR TOWN OF DEA | ŦΗ | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPATIO | WORKING LIFE) IN | DUSTRY | F BUSINESS OR |
| 201 | 14 PO | | inton | | | n Maryla | | spital | Clerk | P | rivat | e |
| IND 21 | 1 | 13a. | AL RESIDENCE HE NURSH STATE ryland | 13b COUNTY P.C | ITY | Camp Spr | VN | 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS / 14613 Henders | zip code son Rd. | 207 | 48 |
| WL. | | 14. F | THER'S NAME | | MIDDLE | 1241 | | 15 MOTHER'S MAIDEN NA | ME MIDDLE | | | |
| WAR | | Ac | lam | | F | enedick | | Anna | WIDDLE | | Stan | ik |
| Ä. | D 50 19 | 16a \ | VAS DECEASED EVER I | | MED FORCES? | 166 SOCIAL SEC | JRITY NO. | 17 INFORMANT | ADDRES | 4116 | 27th | Avenue |
| OW! | Pag med | | NO OR UNKNOWN) | N/Z | E WAR OR DATES) | b70-03-1 | 982 | Cyril J. Fer | nedick Tempi | le Hill | s Md. | 20748 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND | e ottending physimave corban pap mave corban pap motion, or remove troumotic event, | | Conditions, if ony, | AS CAUSE IMMEDIAT which ediate | D BY. TE CAUSE (o) DIUE TO, O | E AS A CONSEQU | les | Oesfiral | any arre | et ! | 40 | med opp |
| W.10 | d by th lease re iol, crer or other | | underlying couse | lost | l set_ | AS A CONSEQUE | 1 | 8 mult | ifh down | bete | 3. | Is |
| AL RECORDS, 2 | ne fow requires on. hos been signe t permit Then p iene priar to bur ows ony injury, | CERTIFICATION | PART 2 OFFER SIGN | rel | anel | ro les | ree | NOT SHEATED TO THE TERM | refhera | PER IF YES, WE | atu RE FINDIN | lastis |
| OF VIII | physical phy | CAL CER | 210. ACCIDENT WAS UNDI OR CONTRIBUTING C. | AUSE OF DE | 010 | M. MONTH D | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1.C | OR PART 2) | |
| NOISI | thending the burn and Mer | MEDIC | THE INJURY OCCURR | ED | 71e. PLACE | No. | | 211 LOCATION | COLOR DOWN | 1 | QUALITY | 574/6 |
| VIO NO. | tal or a OR: Afte | 18 | 22: 1 certify that of | This hesp | 8 | 1//-108 | 29 | that in lime (our) opinion | to 8/11 | / 8 | 6 | her just had |
| | y the hospi | | above (lighe) (d | L | Lun | chin S | mp | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF | | 8/1 | |
| 9 | und be de be state of the State | 1 | Kelvin M | | | | | 6100 Orrow III | 11 Road Ovor | 17233 | 60 0 | 6145 |
| 7 | | | DEIVIN M | 1.01001111 | II. PALL | | | I DIAS UXOD HI | LI ROAC UKON | 11111 | 161 | 0 / 1 / 1 |

230 NAME OF CEMETERY OR CREMATORY

Lees Crematory

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

24 FUNERAL DIRECTOR Lee Funeral Home, alnc. 6683 Old Alexander Ferry Rd. Clinton, Md 20735

236. DATE

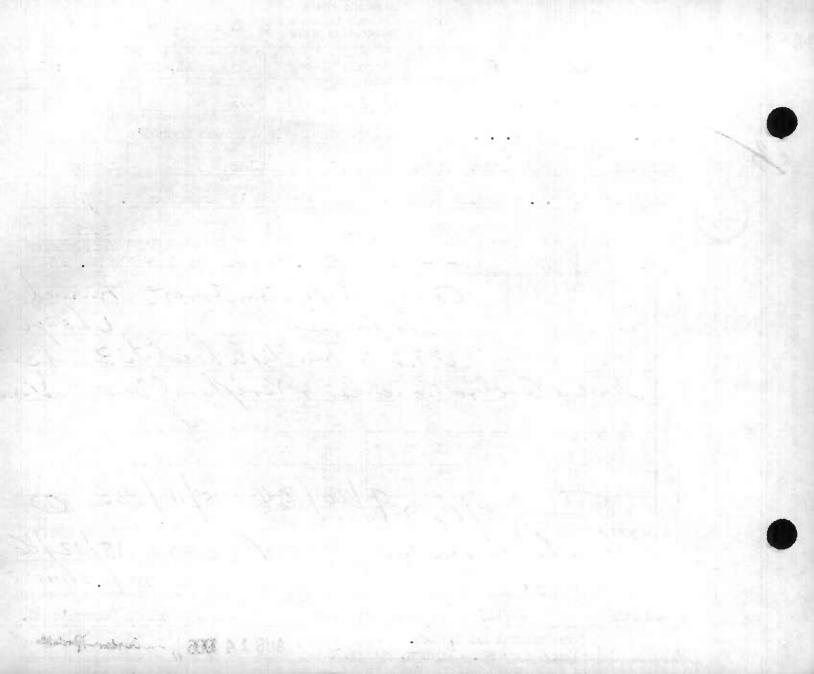
08/12/86

230 BURIAL, CREMATION, REMOVAL

Cremation

Clinton Prince George's Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 14 1886



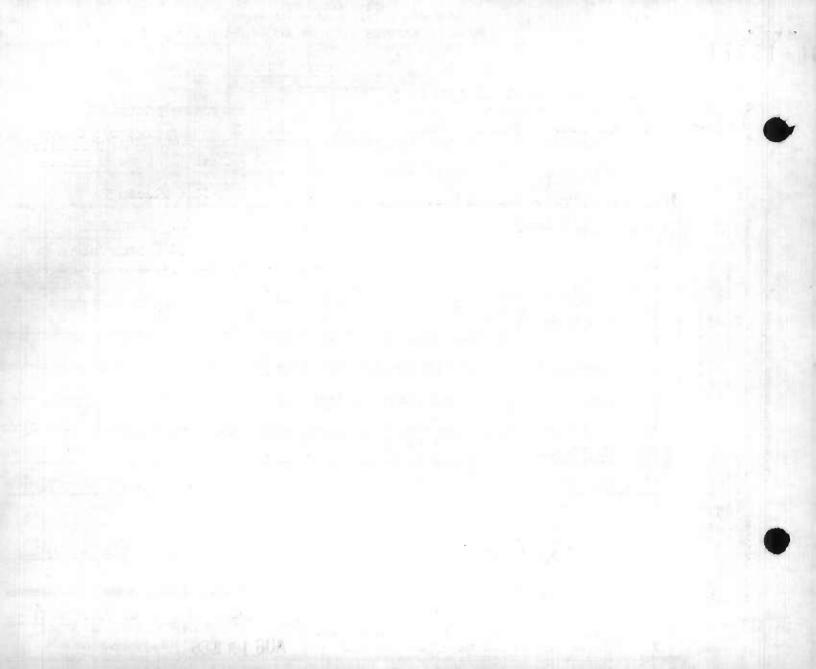
| 1 | | | .00 | | DEDARTA | STATEO | FMARYLAN | | | | | |
|----------|--|----------------|---|---------------------|--------------------|-------------------------------|--------------------|-----------------------|--|--------------------|-------------|--------------|
| 7 | | | OR STATE | 0.01 | | | | NTAL HYGIE | en 1 | 3 6 | 5 8 | |
| 0417 | 657 | | REGISTRAR | MI | EDICALE | KAMINER | S CERTIFIC | CATE OF DE | REC | . NO. | 40.45 | |
| 9 | 00. | | CEASED NAME FIRST | | WIDGLE | Λ. | LAST | | 20 DATE KNOW OF ESTI- | MONTH | DAY YEAR | R 26 HOUR |
| / 3 | 91282 | | Rob | ent | ee | Oran | ge | | DEATH MATEL | 08- | 20 19 8 | Z M |
| 3 | いまる書 | 3 SEX | 4 RACE | 5 DATE OF BIRTH | 1 YEAR 6 | | | IF UNDER 24 HRS | . 2c DATE | MONTH | DAY YEA | R 114. HOUR |
| * | #352 #352 | M | ale Black | 4-04 | 1-24 | 59 YRS. | ONTHS DAYS | HOURS MIN | PRONOUNCED DE AD | 1-2 | 0 00 | 7 50 |
| 3 | A SECOND | 7a BIF | THPLACE (SIATEOR | 6 | VHAT COUNTS | Y2 8 | 2/5 | | 9. BALTIMORE CI | TY OR COUNT | Y OF DEATH | - Fr m |
| 19 | 森泉星路 | +59 | REIGN COUNTRY) | 10 - | < 1 | M/ | | VER MARRIED | P/ | | , or brain | |
| 2 | 2003 | 10. CII | ains, linginia | u. | J174) | | OWED L | DIVORCED [| | | iai kuin ne | MD |
| × × | 弄杂海乡 | 1 | Y OR TOWN OF DEATH | 11 NAME OF HO | FACILITY GIVE STRE | ING HOME, OR (ET ADDRESS) | OTHER INSTITUT | IION IZE US | SUAL OCCUPATION BMOST OF WORKING LIFE | TYPE OF WORK | 126 KIND OF | |
| _ × | 04 mm C | 1 | inlon, Md. | -Souther | n Mary | land 1 | tos pela | 4 | ruckdi | river | Triv | ate |
| 1 .50 | SEPS: | WSUA 13a SA | L RESIDENCE (IF IN NURSING HOME OF | OTHER INSTITUTION, | | R TOWN | 38 INSIDE CIT | TV 1 IMIT (2 12- ST | REET ADDRESS | | 1 20 | 2613 |
| (GE F | A FOR | | Mr. | - | Buzz | Wwwin | | NO 13 | HAZ Phou | VI IMA | (max) | na Roll |
| 1 0 | on ma | 14. FA | THER'S NAME | | LLZIII | 7 | | R'S MAIDEN NAM | IF I I I I | 1 HCL | 010331 | 101 |
| A GA | TI EAST | | I PERST VIA | MIDOLE | LA | 21 | 111 | RST | MIDDLE | | LAST | |
| 8 8 | SEBOC- | 160 W | AS DECEASED EVER IN U.S. ARM | ED EODCESS | THE SOCIA | L SECURITY NO. | 17. INFORM | nKnou | UVI | DECAL | - 1 | 1 |
| AN THE | 1000 J | | S, NO, OR UNKNOWN) [IF YES GIVE V | | 100. 3001 | | - 4 | 10 | 13400 | Cherry | livee Cr | OSSU9 RA |
| IAL | SEE AS | | YCG (Navy) | | 1231- | 22-885 | 13/55/6 | Irana | e Brand | ywine. | Md. 2 | 0613 |
| 1 3 | w≯_0 | 201 | 18 CAUSE OF DEATH (Enter only | one cause per lis | for (a), (b), c | ind (c).) | | | | | | ATE INTERVAL |
| N Y | AN WAR | | PART I DEATH WAS CAUSED | | sterio | selen | te dar | deovas | cular/o | useas | 4 | |
| 0 127 | ESERS | | | | R AS A CONS | QUENCE OF | | | | | | |
| 물 웃 | AL HYGAL REMOVE | | Canditions, if any, which | | | | | | | | THE PARTY | |
| * × | OR TRA | | gave rise to immediate cause (a) stating the under- | (b) | R AS A CONSI | OHENICE OF | | | | | | |
| 01 OE | N WEL | | lying cause last. | 00210,0 | W W D W CO1436 | ODEINCE OF | | | | | 1000 | |
| 5,2 | JG. IN PENCIL JG. IN PENCIL JG. IN PENCIL JG. | | | (c) | | | | | | | | |
| RECORDS | 205 | | PART 2 OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEAT | N BUT NOT RELATED | TO THE TERMINAL OF | SEASE OR CONDITION | GIVEN IN PART 1 10. | | | | |
| 55 | PENDI MEDIA DASA HEALTH | CERTIFICATION | | | | | | | | | | |
| I B | WRITING THE WORD. PER ARABED TO THE CHIEF M AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEAR STOOL PRIOR TO BURIAL, C | 3 | 190 DATE OF OPERATION | 196 COND | ITION FOR W | HICH OPERATIO | N WAS PERFORA | MED? | | | 20 AUTOPS | 5Y? |
| ¥ 3 | SE S | E | | | | | | | | | YES 🗆 | NO Z |
| 7 6 | D BENEFIT | E | 210 EXTERNAL CAUSE WAS | 216. TIME C | | 21 | c. HOW INJURY | OCCURRED SENTE | R NATURE OF INJURY IN ITE | M 18 PART 1 OR PAR | | |
| N S | H OSE | | UNDERLYING OR CONTRIBUTING CAUSE OF D | | M. MONTH D | | | | | | | |
| Si Si | PAR | MEDICAL | 21d INJURY OCCURRED | | OF INJURY | 19 | LOCATION | | | | | |
| DIVISION | RITIN RDED SE 3 SI E DEP OI PR | WE | WHILE NOT WHILE | | CTORY, FARM, ETC. | | STREET | | CITY OR TOWN | COL | INTY | STATE |
| O SH | E, WRI RWARD PAGE STATE 1, 21201 | | AT WORK AT WORK | | | | | | | | | |
| | ATE, DRV D, | | 276 I certify that I taak charge | af the remains d | escribed abave | held an Au | stopsy . | Inspection E. | Inquiry . | and in my ap | inion | |
| Z | E CERTIFICATE JUID BE FORV L DIRECTOR: H, WITH THE S MARYLAND, | | | al causes | Accident |], Suicide | Hamici | | etermined manner | | | |
| 3 | CERTII DIE B DIREC WITH | | 1 | ~ ~ | Accident | , Soicide | | | ermined manner [| | | |
| - S | ## ## ## ## ## ## ## ## ## ## ## ## ## | | ACTUAL HILLAND | 6 XX | aleso, | | Depu | itv | | DATE | 0-1 | 1-82 |
| 3 | 표정 중 등 등 - | | SIGNATURE / 1 | 1.10 | engi | ag . | _M.DDCPC | ME_ME | DICAL EXAMINER | SIGNE | 0 0 | 1 00 |
| Q | NO NO | | EXAMINER'S NAME | . D D | V. | W D | F.C | 000 D 1 | 0. 1 | | 7 . 1 . | 100 |
| 0 | EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, A BALTIMORE, M | | (TYPE OR PRINT) Augu | sto P. K | odrigue | z, M.D. | ADDRESSOC | | ırn Ct , I | emple b | ills, | MD |
| 7 | @\$\Z\$ | 23a BU | IRIAL, CREMATION, REMOVAL 23 | b DATE | 23c. NA | ME OF CEMETER | Y OR CREMATO | DRY 23d. L | OCATION Y OR TOWN | COUN | ITY | SEALE A |
| 07/84 E | 3P | 3 | surial + | 16000 26 | ,86 HC | armon | Y | 10 | andover |) | 7 | Md. |
| 25M | DHMH - 17 | 24 FU | NERAL DIRECTOR | | | 1-1- | 7 | Sa. DATE REC'D. | | EGISTRAR'S S | GNATURE | |
| | R A 15 ME (5)) | AV. | PRNES! TAR | 1/15CA | 143 | 2 VAUS | I N. WALL | TEOR B | 50 | CROND DR | monte. | No. |
| | | 11/ | | 11-101 | 1 () | 7000 | 731 | ANE A | | | | |

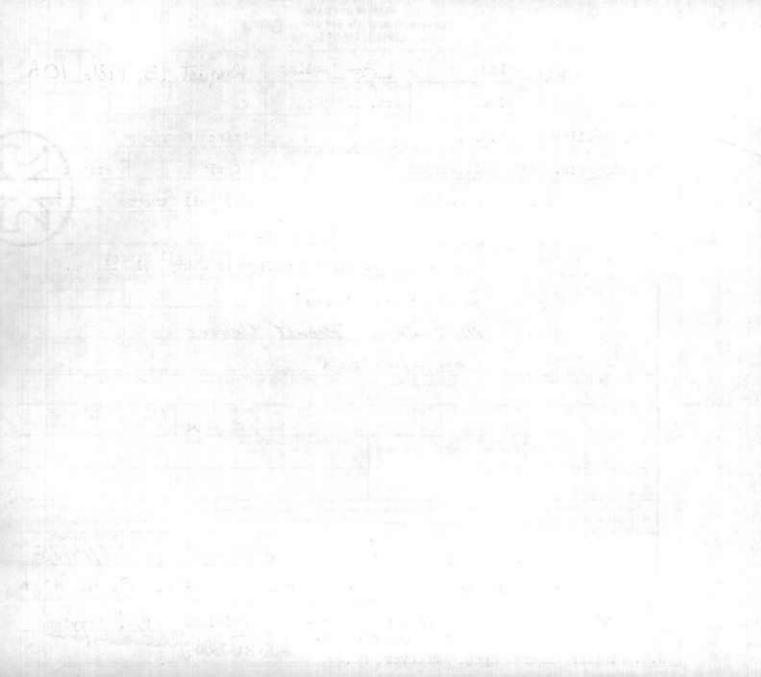
distribution of the state of th

| | | | 1 | | | | | | OF MARY | | | | | | | 13 |
|-----------|--|----------|--|---|---|---|--|-------------|-----------------------|---|-------------------------------------|-------------|------------|-----------------|-----------------------|----------------------------------|
| 0 - 1 | 672 | 1. | 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | 2 | 7 | | | |
| 0 - 1 | 012 | 4 | | CEASED NAME | FIRST | | MIDDLE | i | AST | | 20. DATE | OF DEATH | | DAY | YEAR | 26 HOUR |
| | be 3 | | {TYPE | OR PRINT) | 771.4 | SARKS | | | | | | 0.8 | 24 | 86 | 8 55P M | |
| | pog er de | | 3. SE | X | | 1. RACE | PARKS 5 DATE OF BIRTH MONTH DAY 12 5 1898 | | 6. AGE | IN YEARS LAST | 11 40 | _ | DERIYEAR | IF UNDER 24 HRS | | |
| | rector urs oft | | | MALE | | В | | | | 89 | yrs | MONTH: | S DAYS | HOURS MIN. | | |
| | 2000 | 12 | | RTHPLACE (STATE OR FO | | 76 CITIZEN OF WHAT COUNTRY? | | 8 MARRIE | MARRIED NEVER MARRIED | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| | 1/16 | 8- | 25 | AM HERST CO. | | USA | | WIDOWE | WIDOWED DIVORCED | | PRINCE GEORGE'S COUNTY MD. | | | | MD. | |
| =/1 | 1 2 2 | 74 | | CHEVERLY | | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A DCC HOSPITAL AN | | (DDRESS) | | 12a USUAL OCCUPATION 12b KIND OF BUSINESS C (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unknown | | | | | | |
| 2 | 0=/ | 1 | USU. | AL RESIDENCE (IF NURSIN | RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | | | CLIVILI | - | | | | UIIKIIC | own | | |
| AND 3 | n 24 h | 1 | | Va. | MHEI | RST CO. | MONROE | | YES 🗌 | NO [| | ADDRESS | S / ZIP CC | DE | 99 | 1999 |
| RYL | with letely d 2 s | 1911 | 14. FA | THER'S NAME | | MIDDIE | IAST | | | EIRST | ME | MIDDLE | | | LAST | |
| W | ted pmp | 18/10 | | PHIL | | | PARKS | | | SÄRAH | | Α. | | HE | NDERS | ON |
| ORE, | nd co | dico di | 16a V | VAS DECEASED EVER IN | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORM | ANT | | ADD | RESS | | | |
| I W | Pe e | E | | No (IF YES, GIVE WAR OR DATES) 227-03-3747 Mrs. Lillian Leftwich/c | | | | | | | dang | hter | /T.vnc | hhuro Va | | |
| BAL | ysicir oper vol. | + | | 18 CAUSE OF DEATH | (Enter on | ly one cause per | far (a), (b), an | طعد ا | - | .0 | | | | | APPROXIA BETWEEN C | MATE INTERVAL DISET AND DEATH |
| ST. | ph sph | e ve | | PART I. DEATH WA | | E CAUSE (a) | RE8 pin | olor | y ta | 37 wh | , | | | | | 1 |
| NO. | nding corb | ofic | | DUE TO, OR AS A CONSEQUENCE OF . 13 CONS | | | | | | | | | | | | |
| EST | deoi bye tion, | 800 | | Conditions, if ony, which (b) Drowle war | | | | | | | | | | | | |
| W. PR | by the | ather tr | | gave rise to imme couse (a), stating underlying cause | the | DUE TO, OI | AS A CONSEOU | NCE OF | ا ا | | | - 191 | | | | |
| 201 | ed b | 0 | | DART 2 OTHER SIGNI | EIC NAIT C | (c) | O UTBINITING TO | 30 | 8 - 7 | | | | | | | |
| DS, | sign sign hen to bu | hory | Z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | | | |
| 0 | w re been mit. I | À A | CERTIFICATION | 19a DATE OF OPERATE | ONC | 19b. CONDI | TION FOR WHICH | OPERATIO | V WAS PERF | ORMED | 200 AL | TOPSY? | 120b. IF | YES. WER | E FINDIN | GSTISED |
| 38 | no. no. has b | 3 | E | | | | | | | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO | | | | | | |
| /ITA | N. Thysicic roote ronsit | 8 sho | 2 | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (EN | | | | | _ | | | | RPART 2) | NO [] | | |
| J. | physic rrificot ol-tran | E | | OR CONTRIBUTING CA | | are . | M. MONTH DA | | | | (22 | | | | | |
| VISION OF | ding pl ding pl s certif buriol-t | P F | MEDICAL | 21d. INJURY OCCURRE | | 21e. PLACE (| | 19 | 211 LOCAT | ION | - | | | | | |
| VISIO | orten the | pe | ME | WHILE NOT WHILE | | (AT HOME, STR | EET, FACTORY, OFFICE, F | ARM, ETC) | STREE | T | | CITY OR | TOWN | C | OUNTY | STATE |
| ā | Afte ost | noe. | 9 | 278 I certify that (1) (1 | his hosni | tal) attended the | deceased from | V ~ / | 1- | 10 BC | | K- | 4 | 10 | 4 | |
| | Total Part | 21 is | | any the deceased | alive an | 8- | 19_ | , an | d that in (my |) (aur) apinian d | death accur | rred on the | date and h | aur and | | hot (I) (we) lost |
| | RECT Red for | E | | and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated (I) (mi) (did not) view the bady of each. DEGREE 22c. DATE SIGNED | | | | | | | | | | | | |
| | the Pile Die De De | T. ## | | Manar J. Rays M.D. ATTENDING MEDICAL STAFF & 21/80 | | | | | | | | | | | | |
| | THE PARTY OF THE P | ZY. | | 226 PHY ICIAN'S NAME (TYPE ORPRINT) 226 ADDRESS | | | | | | | | | | | | |
| | Property Hould | MPOR / | | Villar | IOR | J. RE | YES, M | D. | 650 | 1 La | ndoi | 12r / | 2d c | her | surly | MD 20785 |
| agi | BP199 | 71 | | Burial, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CHESTALE Grove CH. Cem. AMHERST CO. VA. STATE | | | | | | | | | | | | |
| 7/1 | HANH - 10 NOW | 7/64 | 24 FL | INERAL DIRECTOR | 1 | 6 | | | | 25a. DATI | | Y REGISTRA | | | | JRE |
| | (VRA 15, 4 | 11.100 | 19 | ohn to K | hu | es Co | 3 ADDRESS | -12 | co h. | € AU | 629 | 1986 | Fulia | David | an-Ad | wydallia. |
| | | | 4 | | | | 20.0 | 1 | 0 | | | 7000 | 0 | | | |

well and the state of the state and the state of t Bur , who we have Without State of the same with the state of the state of the same of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE KNOWN [X] 2h HOUR (TYPE OR PRINT) OF ESTI-Joyce T. DEATH MATED 8 Parong 19 86 SEX 6 AGE (IN YEARS IF UNDER 1 YR. JIE UNDER 24 HRS DATE 33 VRS PRONOUNCED 10 1952 Female Caucasian DEAD 1986 ам TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. Unites States WIDOWED DIVORCED Prince George's County 18 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Clerk Carrollton Jewelers 6921 Lamont Dr. 4700 31st Place #5 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? Maryland Prince Georges Mt. Rainer 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Barry MIDDLE Nichols Nichols Brosnahan Joseph Viola 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 5400 38th Avenue LYES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) 212-64-1110 Joseph B. BrosnahanHyattsville,MD 2078 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple Gunshot Wounds IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC FOR FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA, IN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CHEM CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 8: 20 1986 subject shot 21e PLACE OF INJURY LAT HOME STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK NOT WHILE AT WORK 6921 Tamont Dr. house New Carrollton, Pr. Geo. Md Autopsy X 220 I certify that I took charge of the remains described above, held on Inspection Inquiry Homicide X death resulted from: Accident Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8/9/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY Burial 8-12-86 Cedar Hill Cemetery Prince Georges MD Suitland 07/84 BP 25M 24 FUNERAL Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** whia Davidson Mandelle 4739 Baltimore Avenue Hyattsville, MD (VR A15 ME (5))





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH 75 HOUR (TYPE OR PRINT) JAMES 3 SEX 6. AGE LIN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR 15 1937 Black Male Mav TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington, D.C. WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Truck Driver. Shaw Refuse 4JSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13. STREET ADDRESS / ZIP CODE #11 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? PG. M.D. Forestville 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Payne Ward Russel Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HEYES GIVE WAR OR DATEST 6616 Atwood Stree 577-48-5196 Anna L. White No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive anand that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 27b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22d. PHYSICIAN'S NAME TYPE COMMITTEE 22e ADDRESS PORTA 0 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION (SPECIFY) Burial Washington National Suitland Prince George's MD 250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. DHMH - 16 60M 7/B4 - v. ex weeds will give god & the (VRA 15, 4) 4339 HUNT PLACE, N.E.

WACHINGTON DO COOLO

STATE OF MARYLAND

A SECTION OF THE RESERVE AND A SECTION OF THE

FOLLINS FUTERAL HOME, INC.

ABSOLUTE PLACE, INC.

ABSOLUTE PLACE, INC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a DATE OF DEATH FIRST 2h HOUR (TYPE OR PRINT) **PEGUESE** 08-08-86 10:30AM BERNICE 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 3. SEX 19,1930 Black 56 Female 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington, DC PRINCE GEORGE'S USA DIVORCED X WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE) GEORGE ST GENERAL HOSPITAL CHEVERLY Switch Board Private USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
13b COUNTY 13c CITY OR TOWN Prince 13r. CITY OR TOWN 1113 Hybrid Ave Maryland Geo Capitol YES K 15 MOTHER'S MAIDEN NAME Francis MIDDLE Spriggs ian Holmes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 578408238 Gregory Rowland, Capitol Hgts. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)
PART I. DEATH WAS CAUSED BY: ARDIO PUCMONARY DUE TO, OR AS A CONSEQUENCE OF ARDIO WYOPATHY & SHOCK Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse AR COID PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this hospital) alleged the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view ody after death. ld be deto the Stote . Medical Center MPORT Hospital Dr. Chererly, 230 BURIAL, CREMATION, REMOVAL Burial CITY OR TOWN 8/13/86 Harmony Landover Maryland 24 FUNERAL DIRECTOR 3200 Rhode Island avenue 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Mt. Rainier, Maryland 20712 (VRA 15, 4)

Land West 1922 mitting with the second of the

1 1 2 3 4 5

caseph melash terric courst 1, 1986 15:03ec

hits seb. 1, 1937 49

en one weather the experience of the contract of the contract

To real to redeen Perris Rd. Truck Driver Construction

eryland frince beurge opinion . . 15110 Lelson Perris (i).

rison dutobinson Ferrit Thidred noite noite

Arra I nowled muscl.
Let of the control of the cont

The state of the s

The same of the sa

Destil 8-1-80 lesenbel Church Lem. Erondy inc, Er. 100. Md.
1.5. Box 155
hunts Funoral, Hone, alders, Md. 20604 Albo 5 1930 granus churches

With the state of . In the second VINCENT MODELLY Server's TWA SAULT Common to

| 0-17555 | FOR STATE REGISTRAR | 0 0 | | | | | |
|--|---|--|---|---|---|--|--|
| 3 7 4 3 8 9 | DECEASED NAME FIRST HARRY | H all | PHILLIPS | AUG 24 | 20 110011 | | |
| 4 moy | 1. SEX | RACE | S. DATE OF BIRTH MONTH DAY YEAR | MOP | UNDER I YEAR IF UNDER 24 HRS | | |
| - 1 11 | Male B BIRTHPLACE (STATE OR FOREIGN 7 | White L GITIZEN OF WHAT COUNTRY? | Dec. 8, 1926 | 60 YRS. | PE AYU | | |
| 1 3 3 | COUNTRY) | | MARRIED NEVERMARRIED WIDOWED DIVORCED | Prince George's MD. 126 USUAL OCCUPATION 125 KIND OF BUSINESS OR | | | |
| 4 1 10 | Virginia Andrews Air | | G HOME OR OTHER INSTITUTION | | | | |
| 16 10 | Force Base | Malcolm Grow U. | S.A.F.Base Hospita | (Ret'd Military) | U. S. Army | | |
| THE PROPERTY OF THE PROPERTY O | USUAL RESIDENCE (IF NUR OR C 130. STATE (3) COUNT | THER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) 13d. INSIDE CITY LIMITS? YES \(\sum \) NO \(\frac{\frac{1}{2}}{2} \) | 13e STREET ADDRESS / ZIP CODE 416 Porpoise Lane | | | |
| 1 16/19/ | 14) FATHER'S NAME FIRST M | IDDLE LAST | 15. MOTHER'S MAIDEN NAM | AE ALIDRIE | | | |
| W 9 6 6 6 | Hansford 160 WAS DECEASED EVER IN U.S. ARM | Phillips ED FORCES? 165 SOCIAL SECUI | Nannie RITY NO. 17 INFORMANT | | lison | | |
| TIMORE SERVICE OF SERV | Yes no or unknown) (IF YES GIVE 1945- | #227-28- | 9821 Virginia Phi | 416 Porpoise llips-Riva, Md. 21 | 140 | | |
| W. PRESTON ST., BA. out the death certificate by the ottending physic ice remove carbon appr ice removal other traumonic event, in | Cause OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE | | Lo colon Colox | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| ORDS, 201 requires the segment of the poles | NO | | EATH BUT NOT RELATED TO THE TERM | | | | |
| M. REC | | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, VIN CERTIFYII YES NO YES | VERE FINDINGS USED NG CAUSES OF DEATH? NO NO | | |
| OF VIII | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | 216. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR 19 | ED (ENTER NATURE OF INJURY IN ITEM 18 PART | 1 OR PART 2) | | |
| MISSON other that contended on the but in and Ma sheekog it | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | RM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | |
| TTENDIN putol oc TOOR, At for set at of Health | | attended the deceased from | 28 TUN 19 86 6 and that in (Ma (aur) aprinian a | to 24 All Co. 19 leath accurred on the date and hour a | | | |
| At DREG | 220 SIGNATUR DENIS | 1 Frank | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 24 AUG 86 | | |
| TO HOSPITE TO FLUKES TO FLUKES TO FLUKES WITH THE SECOND THE PROPERTY. | DENTS FRANK | STINT) | | USAF MED CEN, AND | | | |
| BP | 230. Burial, Cremation, Removal Burial | 0 100 100 | AME OF CEMETERY OR CREMATORY CEMONT Memorial | Davidsonville(A. | | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | Richard A. Colema Funeral Home | | 25a DATE | REC'D. BY REGISTRAR 256 REGISTRA | R'S SIGNATURE | | |

Sells

St. Land of the state of the st

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS 10:22A. Richard August 2, 1986 E. Phillips Sr. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Male White 1903 . BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEN NEVER MARRIED ennsylvania WIDOWED DIVORCED Prince Georges County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired. Watch Maker Greater Laurel Beltsville Hospital Laurel. USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 13b COUNTY Adelphia 13d INSIDE CITY LIMITS? 2311 Cool Spring Pr. Geo. arvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Phillips Eliza Harry Jane Moss 16b. SOCIAL SECURITY NO. 17. INFORMANT E VER IN U.S ARMED FORCES? Spring Rd. (IF YES, GIVE WAR OR DATES) 219-01-2837 Virgie M. Phillips Adelphia NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), an ARDIAC ARREST PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A SONSEOUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ABDOMEN underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOM YES T YES T 21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (our) apinian death accurred an the date and haur and from the causes stated DEGREE MD ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Burial.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MARK PARKHURST M.D. 23a BURIAL, CREMATION, REMOVAL

7100 BALT. AVE. COLLEGE PARK MD

23d LOCATION HYATTSVILLE, Mid. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

5, 1986 George Washington, Riggs Rd. P. G. Funeral Home. Inc. 256. Date REC'D. By REGISTRAR 755. REGISTRAR'S SIGNATURE. 'akoma Carroll N. W. D. C. gulia Daydoon-Handelses

12521-03 -----Wille Wellawien m 52 278 52 /22/2³² 5/9 THE PROPERTY OF THE THE PARTY AND THE PROPERTY AND THE PARTY AND THE PAR

| | 1 | | | STATE OF MARYLAND | | |
|-------|------------|--|---|---|--|---|
| 17066 | | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE 5 2 3 | 3 5 8 |
| | | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| Sect. | | Olli | e D. | Polli | August 3 | 31.1985 11:44 Am |
| 1 | 1.58 | * | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | | Female | Caucasian | May 20. 1915 | 71 YRS. | MONTHS DAYS HOURS MIN. |
| - | | RTHPLACE HIT E OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 50 2 | 444 | entucky | U.S.A. | WIDOWED DIVORCED | Prince George's | MD |
| 5 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS II | NG HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 8 | C | MD Springs | | SAF Med. Center | (TYPE OF WORK FOR MOST OF WORKING LIF | Medical |
| | | | R OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | 13e STREET ADDRESS / ZIP CODE | |
| 15 | M | | ceGeorge's CampS | | Andrews Air Ford | |
| 17 | | THER'S NAME | | 15. MOTHER'S MAIDEN NA | ME | |
| ,6 | | Henry | MIDDLE LAST Day | Sally | MIDDLE | Turner |
| T | | VAS DECEASED EVER IN U.S. AF | MED FORCES? 166 SOCIAL SEC | | band) ADDRESS | Turner |
| 1 | (| YES, NO OR UNKNOWN) (IF YES, GI | ve war or dates) unk | | i same as 13 a-e. | |
| 4 | H | | | | 1 Saile as 13 a-e. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | | bly one couse per liCARDTAC | ARREST ST | | BETWEEN ONSET AND DEATH |
| | | MMEDIA | MASSIVE DUE TO, OR AS A CONSEQU | BOWEL INFRACTION & | RESECTION | |
| I DI | | Conditions If the U.S. | DUE TO, OR AS A CONSEQUE | ENCE OF | W + RESECTION | 13 |
| 0 | | Conditions, if ony, which gove rise to immediate |) | | A FESTEL & FOR | |
| | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEOU | ENCE OF | | |
| | | PART 2 OTHER SIGNIES AND | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | ANIAL DISSASS OR CONDITION OR | (FALINI DADY) |
| Maria | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BOT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIV | EN IN PART TO |
| 1 | 1 | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF YES | S, WERE FINDINGS USED |
| d | Ĕ | | | | | YING CAUSES OF DEATH? |
| - | CERTIFICAT | 210. ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 P | |
| 4 | 19.25(1) | OR CONTRIBUTING CAUSE OF DE | | AY YEAR | | |
| / | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | |
| | M | HILE NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| | | | ital ottended the deceased from | 25 JUL 8/0 10 8/0 | 10 31 A17/2 | 19 Blo that (1) we) last |
| | | saw the deceased alive ar | 31AVG 10 | Ble , and that in my (aur) apinian | death occurred on the date and hou | r and from the causes stated |
| | | obave (l) (we) (did) (did no | at) view the body after death. | DEGREE | | Vic. DATE SIGNED |
| | | Bus alle | home 1. At 1111 | ATTENDING | MEDICAL STAFF | 21 100001 |
| 7 | 1 | W BRAINN DIATOHNS | CAMI O SHIP | PHYSICIAN D ADMINIC, AND | DRECTOR PHYSICIAN | 12140686 |
| 1 | | BRIAN D. WHN'S | // | 10011 111 | Now or 100 11h | 24771 |
| 4 | 22. | | 0/ | MGMC AND | KEWS AFB, MU | 62331 |
| | 230. E | SURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| | 24 5 | Burial | Sept. 4.1986 1 | nch Cemetery | Cumberland, | KY |
| 84 | | INERAL DIRECTOR Lee | Funeral Home, | | P5 1986 REGIST | RAR SSIGNATURE |
| 4) | 1 | Mexander Ferry | Rd., Clinton, M. | D 20735 | O 1000 () | |

THE LOUISE PLANT DEEP, ALL CLICK HERELY

| 0-15150 | | FOR | | 0.004.074 | | UF MARTLAND | | 0.00 | | |
|---|---------------|--|---|---------------------------------------|-------------------|---------------------------------------|-------------------------------|--------------------|------------------------|-------------------------------------|
| 0-13452 | 1. | STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HY ICATE OF DEATH | GIENE O REG. N | 2 3 | 0 0 | 4 |
| e con de | | CEASED NAME FIRST OR PRINT) | 14-4-1 | ussell t | Osci | AST | 20. DATE OF DEATH AUGUS | F 9, | 1986 | 26 HOUR 7.55 M |
| 1 10 | 2-50 | MALE | 4 RACE WHI | TE | FEB. | DIN NEIB | 6. AGE (INVERSLAST 8) | YRS. | MONTHS DAYS | IF UNDER 24 HRS |
| 1 1 B | | RTHPLACE (STATE OR FOREIGN COUNTRY) | | WHAT COUNTRY? | MARRIEI WIDOWE | NEVER MARRIED | 9 BALTIMORE CITY OF PRINCE | OR COUNTY | | |
| 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | CLINTON | 11. NAME OF | | IG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | OF WORKING LIF | 126 KIND C | MD. OF BUSINESS OR GOVT. |
| 24 hours | 124. | MD. C | OR OTHER INSTITUTION UNITY HARLES | 13c. CITY OR TOW MARBU | N | 13d INSIDE CITY LIMITS? YES NO 🛱 | 130 STREET ADDRESS GENERAL | / ZIP CODE DEL] | VERY | 20658 |
| 1680 |) | JAMES | WIDDIE | POSE | | MAGGIE | WIDDIE | | MADD | ÖX |
| De execu- | 16c. \ | VAS DECEASED EVER IN U.S. A | ARMED FORCES? GIVE WAR OR DATES) | 216-40- | | MAUDE ELIZ | ADDR | SAM | | |
| T. BAL refronta movel. | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED) | only one couse pe SED BY: ATE CAUSE (0) | r line for (o), (b), on | dici.i P/ | Leumole | ia | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| Booth ce thending we carbo tilon, or ri | | Conditions, if ony, which | | R AS A CONSEQUE | NCEPE | 1. disa | hilip | | | |
| by the condition of the transfer of the condition of the | | gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, C | PR AS A CONSEQUE | NCE OF | Haheir | leeps | dise | ase | |
| RDS, 20 requires 1 Their ple to buring rejury, or | NO | PART 2 OTHER SIGNIFICAN | CONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR COI | ADITION GIV | EN IN PART 1 | 0' |
| DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requirementing physician. Use this certificate has been upon the build-fromity permit. The lab has different from the build-fromity permit. The lab has different for them 18 shows any information or them. | CERTIFICATION | 190 DATE OF OPERATION | 196. CONE | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | S, WERE FINDING CAUSES | |
| OF VIII. ICEAN. T g physics enticole iol-tronu minol tryg em 18 sh | 100 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | DEATH HOUR A | OF INJURY .M. MONTH DA .M. | AY YEAR | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJ | URY IN ITEM 18 P | PART I OR PART ?) | |
| IVISION afferdies see that is not the burnhead | MEDICAL | 21d. INJURY OCCURRED MILE NOT WHILE AT WORK | 21e PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, F | ARM ETC | 211 LOCATION STREET | CITY OR T | NWC | COUNTY | STATE |
| TTENDIN pital or CTOR: At for use a of Health | | 220) certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did | 8-9- | 86 10 | , or | d that in (my) (our) opinion | , to | | | that (I) (we) lost couses stated |
| TAL OR A Val DRES dehached dehached Val II hem | | 226 SIGNATURE | auci | 4 - 434 | 41 | T. ATTENDING. | MEDICAL STA | AFF ICIAN [] | 22c. DATE | SIGNED - 10-86 |
| O FUNER TO F | | LJ. KANC | iR - | AZER | | 9131 Pisce | ataway k | d. (| Hiut | h, Hd. |
| BP | | BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL | 8-13- | | INIT | | | | | ARYLAND |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | INERAL DIRECTOR REHART FUNER | AL HOME | , INCODRESS | A PL | | UG 15 1986 | R 25b. REGIST | | URE |

Verrite ... The second secon PERCE PROPERTY OF THE PERCENT PROPERTY SERVICES THE RESERVE OF THE PROPERTY OF

STATE OF MARYLAND ---DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEDTH REGISTRAR I. DECEASED NAME 20 DATE KNOWNXX WONTH (TYPE OR PRINT) OF R FILES. HOURS STREET, DEATH MATED Dessie Poteat 8-19 86 FILES 4 RACE IF UNDER 1 YR DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 4:32 Black Female 191 69 YRS July DEAD 1986 a. M BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. S.C. WIDOWED X DIVORCED Prince George's County, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Sales Person Dept. Prince George's General Hospital Cheverly TAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 719 58th 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Fairmount Hgts. YES IX NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Arbhur Adams Martha Argrove WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 577-16-3853 Cynthia Atkinson-Same as abov 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY SED AS A BURIAL - TRANSIT PERMI F HEALTH AND MENTAL HYGIENE, IAL, CREMATION, OR REMOVAL. Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF FUNDER PROBLED TO THE CHIEF FOR UNITED PROBLED BY AFTER DEPARTMENT OF BALTIMORE, MARTMAND, 21201 PRIOR TO BURRIA YES KX NO [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 358 P.M. 8-1 1986 pedestrian struck by auto TI LOCATION AT WORK AT WORK sidewalk 5700 blk. George Palmer Highway, Seat Pleasant Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Md. ccident AX death resulted fam Natural causes Homicide ___ Undetermined monner Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-3-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS MEM. MARK MMDOVER 07/84 BP 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE DHMH - 17 14.3. WASHINGTON + BONS 4925 BURROUCHS AGE A (VR A15 ME (5))



CERTIFICATE #86-23871



| STATE OF MARYLAND | |
|-------------------|--|
|-------------------|--|

| | 461 | 40.0 | 70 | - 3 | |
|---|-----|------|----|-----|--|
| Ó | La | 3 | O | 1 | |
| | 110 | | | | |

| | 1. | FOR STATE | | DEPART | | EALTH AND MENTAL HYG | SIENE O | 23 8 | 3 7 | 2 |
|--|-----------------------|--|--|--|------------------------|--|--|--|---|---|
| 0012 | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | | | 17 |
| ne | | CEASED NAME FIR | | MIDDLE | | AST | 20. DATE OF DEATH | MONTH DAY | | HOUR - 35 |
| 1 000 V | . SE> | | phen 4. RACE | (N.M.I.) | POW Is DATE (| anda DE BIRTH | 6 AGE LIN YEARS LAST BIRT | 8 29 | 86 5 ERIYEAR IFU | NDER 24 HR |
| · item | | le | White | | | ary 1°, 1909 | 77 | YRS | DAYS HO | URS MI |
| 11/0/ | | RTHPLACE (STATE OR FOREIC | 76 CITIZEN OF | WHAT COUNTRY? | R | DX NEVER MARRIED | 9 BALTIMORE CITY OF | | EATH | |
| A | Pe | nnsylvania | U.S.A | | WIDOW | DI DIVORCED | Prince (| | | ٨ |
| 1173 | 1 | Riverdale | Lela | ch facility, give street nd Memori | al Ho | spital | Auto Body F | | KIND OF BU DUSTRY OWN | Busi |
| () | 13a S | AL RESIDENCE (IF NURSING HITATE 13h | OME OR OTHER INSTITUTION COUNTY | GIVE RESIDENCE BEFORE 134 CITY OR TOW Hyattsv | ille | 138 INSIDE CITY LIMITS? | 6810 Webst | ZIP CODE r Stree | t 2078 | 84 |
| 164 | 14 FA | THER'S NAME Harry | WIDDLE | Powan | da | 15 MOTHER'S MAIDENNA Catheri | ne MIDDLE | | Koch | |
| Poges / | . 19 | AS DECEASED EVER IN U | S. ARMED FORCES? | 577-38-9 | | Ruth S. Powa | | 810 Web Iyattsvi | | - |
| 2845 | | 18 CAUSE OF DEATH (Er | nter anly ane cause pe | r line fai (a), (b), an | dic . | | | | APPROXIMATE BETWEEN ONSE | INTERVAL I AND DEAT |
| death certify affecting places (arbon print) from, or remo | | | MEDIATE CAUSE (a) | Recurrent | ventue | ules febrillation | D. J. 1991 | | one wer | |
| | | 1 27 m | DUE TO, C | R AS A CONSEQUE | | -4 | | | | |
| | | Canditians, if any, who | | Ischemic | cerely | myspethay | | | years | |
| 4111 | | cause (a), stating t | the DUE TO, C | R AS A CONSEQUE | | * * | | | 1 | |
| 44 by | | underlying couse to | (c) | Atheroelevot | ic Corr | many artery dree | est | | years | |
| | | BART O OTHER EICHHEIC | _ | ONTRIBUTING TO | | | AINAL DISEASE OR CONE | ITION GIVEN IN | PART Ita | |
| 9 4 4 4 | 2 | | | | -4-1 | | 4 | | 1 1 -41 | |
| There party of the party. | TION | hight pleaned ex | Husim with se | contain preus | mollowaye | due to reaching to 1 | Procamamode H | yrthic ency | chologethy | ofter |
| or been signer or prior to burn or allows. | HCATION | | ffusim with se | DITION FOR WHICH | OPERATIO | due to reaching to 1 | reamannde H | 106. IF YES, WE'R | CAUSES OF I | USED CO |
| to be been required to be been regime and the property of the | ERTHICATION | light pleured a | 19b. COND | DITION FØR WHICH | OPERATIO | N WAS PERFORMED | YES NOW | TOB. IF YES, WE'R IN CERTIFYING YES | RE FINDINGS' CAUSES OF E | USEDIC |
| Arricians dos requires fracte has been agree trained armost Then pl fracte has been to be all single any where, o | L CERTIFICATION | hight pleaned ex | 19b. COND | DITION FØR WHICH | OPERATIC | due to reation to be N WAS PERFORMED 21. HOW INJURY OCCURI | YES NOW | TOB. IF YES, WE'R IN CERTIFYING YES | RE FINDINGS' CAUSES OF E | USED CO |
| analyses are the now required to physician and the physician confirmation from process from proc | ICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING _ CAUSE (IF EITHER NOTIFY MEDICAL EX | I 19b. COND ING | DITION FØR WHICH DF INJURY I.M. MONTH D. | OPERATIC | N WAS PERFORMED | YES NOW | TOB. IF YES, WE'R IN CERTIFYING YES | RE FINDINGS' CAUSES OF E | USED C |
| ending physician who certacols be been ugne to burel-teams pennis. Then pl d Membil Hyguene prior to bure d or head, 8 shows any militry of | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (HE EITHER NOTIFY MEDICAL EX- 21d INJURY OCCURRED | I 19b. COND ING | DITION FØR WHICH DE INJURY m. MONTH D. | AY YEAR | N WAS PERFORMED | YES NOW | OB. IF YES, WE'R IN CERTIFYING YES YIN ITEM 18 PART I O | RE FINDINGS' CAUSES OF E | USED C |
| orderating physician profession of the state of the central period from a prior to be and the state of the st | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING _ CAUSE (IF EITHER NOTIFY MEDICAL EX | I 19b. COND ING | DITION FOR WHICH DE INJURY .M. MONTH D. .M. OF INJURY | AY YEAR | 211. HOW INJURY OCCURI | YES NO PRED (ENIER NATURE OF INJUR | OB. IF YES, WE'R IN CERTIFYING YES YIN ITEM 18 PART I O | RE FINDINGS' CAUSES OF I N | USED PC |
| special of the specia | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERTY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE RE 716 IN JURY OCCURRED MILLE NOT WHILE | I9b. COND 19b. COND 21b. TIME C HOUR A LAMINER) 21c. PLACE (AT HOME ST | DITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE, F | AY YEAR 19 | 211. HOW INJURY OCCURI | YES NOW RED (ENTER NATURE OF INJUR CITY OR TO | ZOB. IF YES, WER IN CERTIFYING YES YES YES 12 YES 12 YES 12 YES 12 YES 14 YES 15 YES 16 YES 1 | E FINDINGS' CAUSES OF I N RPART 2) DUNTY | USED PODEATH? O STATE |
| Modpilot or otherding physician Modpilot Section (1997) Medical Section of the Conference of the Section (1997) Medical Section of Model Section (1997) Medical Section of Model Section (1997) Medical Section of Model Sec | MEDICAL CERTIFICATION | PR NOTWHIE CETTIFY HOLD IN SOW THE GENERAL OF ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 212. ACCIDENT WAS UNDERLY! 213. ACCIDENT WAS UNDERLY! 214. ACCIDENT WAS UNDERLY! 215. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 217. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 212. ACCIDENT WAS UNDERLY! 213. ACCIDENT WAS UNDERLY! 214. ACCIDENT WAS UNDERLY! 215. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 217. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS | I9b. COND 19b. COND 21b. TIME C HOUR A LAMINER) 21c. PLACE (AT HOME ST | DITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE, F | AY YEAR 19 FARM, ETC.) | 21c. HOW INJURY OCCURI 211 LOCATION SIREE1 21 19 26 and that in (my) (and apinion) DEGREE | YES NO PRED (ENTER NATURE OF INJUR CITY OR TOV to death occurred on the do | 20b. IF YES, WEE IN CERTIFYING YES YIN ITEM 18 PART 1 0 VN CO 29 19 20 10 11 12 12 | E FINDINGS' CAUSES OF I N RPART 2) DUNTY | STATE |
| the hospital or offending physician A DRECTOR After this certificate has been signer second to use as the buriel trainst permit. Then plant Dept. of Health and Asmital Physician prior to buriel. T. If Nem 21 is marked as heart 8 files any injury of | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERTY! OR CONTRIBUTING CAUSE (HE ETHER NOTHER MODER 21d IN JURY OCCURRED AT WORK 11d I certify that (1) (blue) saw the deceased obave, (1) (west (date)) | IPb. COND 19b. COND 21b. TIME COND 10 FDEATH 10 HOUR A 11 FLACE 11 FLACE 11 FLACE 12 FLACE 13 FLACE 14 HOME SI 15 FLACE 16 FLACE 17 FLACE 18 F | DITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE, F | AY YEAR 19 FARM, ETC.) | 21t. HOW INJURY OCCURI 21t. LOCATION STREET 19 10 11 to CATION (my) (and apinion DEGREE ATTENDING | YES NOW RED (ENTER NATURE OF INJUR CITY OR TO | 20b. IF YES, WER IN CERTIFY ING YES 10 YES 1 | RE FINDINGS' CAUSES OF I N R PART 2) DUNTY , that | STATE STATE III (see) to ess stated NED |
| And the mapping of the control of th | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE AND WHILE AND WAS TO certify that (1) (show sow the deceased of above, (1) (won (about 27b) SIGNATURE) | IPb. COND IPb. COND 21b. TIME COND OF DEATH LAMINER) 21c. PLACE (AT HOME ST Ive an did not) view the body | DITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE, F | AY YEAR 19 FARM, ETC.) | 21t. HOW INJURY OCCURI 21t. LOCATION STREET 19 10 11 to CATION (my) (and apinion DEGREE ATTENDING | YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV death occurred on the do | 20b. IF YES, WER IN CERTIFY ING YES 10 YES 1 | CAUSES OF I R PART 2) DUNTY , that from the cause 72 DATE SIGN | USED PODE ATH? O STATE JI) (are) to es stated NED |
| TOOPTING, OR ALEXADORS FILESCAN, The loss requires and by the hought of a otherwise polyscon. FUNEZA, DRECTOR After this centroone has been upperfulled be described for use as the birol-trample permit. Then plut the State Dept. of Health and Awmed hyperer prior to bein PORTANT, it here 21 is marked or health 8 finds any injury. | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 212. ACCIDENT WAS UNDERLY! 213. ACCIDENT WAS UNDERLY! 214. ACCIDENT WAS UNDERLY! 215. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 217. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 212. ACCIDENT WAS UNDERLY! 213. ACCIDENT WAS UNDERLY! 214. ACCIDENT WAS UNDERLY! 215. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 217. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 210. AC | IPh. COND ING 21b. TIME CHOUR A (AMINER) 21c. PLACE (AT HOME ST INC. AMINER) This pritch attended the condition of view the body | DEFINJURY .M. MONTH D. .M. OF INJURY REET FACTORY, OFFICE, F the deceased from y after death. | AY YEAR 19 FARM, ETC.) | 211. HOW INJURY OCCURI 211. LOCATION STREET 19 19 and that in (my) (and apinion DEGREE MO ATTENDING PHYSICIAN (1) | 20a AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV death occurred an the do MEDICAL STAF DIRECTOR PHYSIC | 20b. IF YES, WER IN CERTIFY ING YES \(\text{YES} \) \(\ | CAUSES OF I | STATE STATE STATE STATE |
| inholined by the Autorities of the State of St | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERTY! 210. ACCIDENT WAS UNDERTY! OR CONTRIBUTING CAUSE (HE EITHER NOTHEY MEDICALE RE 21d INJURY OCCURRED ACTION OF THE PROPERTY OF THE PROPERT | IPh. COND | DEFINIURY .M. MONTH D. .M. OF INJURY REEL FACTORY, OFFICE, F the deceased from y after death. M.D. | AY YEAR 19 PARM.EIC) | 21c HOW INJURY OCCURI 211 LOCATION STREET 214 19 96 and that in (my) (were apinion DEGREE MO ATTENDING PHYSICIAN (1992) 272 ADDRESS 4404 Queenst | 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV death occurred on the do MEDICAL STAF DIRECTOR PHYSIC DURY ROAD Ri 123d LOCATION | 20b. IF YES, WER IN CERTIFY ING YES \(\text{YES} \) \(\ | CAUSES OF I | USED CODEATH? O STATE III (CODE) located located NED |
| To Propertion, On Assessments Prinsactions for the non-insquired information for the Notified of effection polyticities. To Publicity and DIECTOR After this centroone has been signed hould be described for use as the buriol transit period. Then plant the State Deet of Health and Mantel Hygeene prior to built MPOSTANT. If New 21 is marked or health 8 May any injury of | | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 212. ACCIDENT WAS UNDERLY! 213. ACCIDENT WAS UNDERLY! 214. ACCIDENT WAS UNDERLY! 215. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 217. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 210. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 211. ACCIDENT WAS UNDERLY! 212. ACCIDENT WAS UNDERLY! 213. ACCIDENT WAS UNDERLY! 214. ACCIDENT WAS UNDERLY! 215. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 216. ACCIDENT WAS UNDERLY! 217. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 218. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 219. ACCIDENT WAS UNDERLY! 210. AC | IPh. COND | DEFINIURY M. MONTH D. M. OF INJURY REET. FACTORY, OFFICE. F the deceased from y after death. M.D. | AY YEAR 19 FARM.ETC.) | 211. HOW INJURY OCCURI 211. LOCATION STREET 19 19 10 19 19 11 tocation (my) (and apinion DEGREE 12 ATTENDING PHYSICIAN (1) 22 ADDRESS | 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV death occurred on the do MEDICAL STAF DIRECTOR PHYSIC DURY ROAD RI | 20b. IF YES, WER IN CERTIFY ING YES \(\text{YES} \) \(\ | DUNTY A PART 2) DUNTY A that from the cause 22 DATE SIGN Md • 2 | STATE STATE STATE STATE |

DHMH - 16 60M 7/8 (VRA 15, 4)

| STATE | 0F | MARYLAND | |
|-------|----|----------|--|
|-------|----|----------|--|

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| TO CEASED DAME INDICERS SIDEMAN INDICERS R. IN DATE OF BRITH MORNING CONTROL IN DATE OF BRITH IN DATE | 15388 | 1. | FOR STATE REGISTRAR | | | | FHEALTH AND MENTAL HYO | 60 | 2331 | 3 |
|--|---|--------|--|------------------|-----------------------|-----------------|--|---|---|-------------------|
| ROBERT BERNARD PRICER SR. AUGUST - 10 - 1986 11:026 AGE (PRIMAS) AND REMON PRICER SR. AUGUST - 10 - 1986 11:026 AGE (PRIMAS) AND REMON PRICER SR. AUGUST - 10 - 1986 11:026 AND REMON PRICER (SAMICOLOGICO) AUGUST - 10 - 1986 11:026 AND REMON PRICER (SAMICOLOGICO) AUGUST - 10 - 1986 11:026 AND REMON PRICER (SAMICOLOGICO) AUGUST - 10 - 1986 11:026 AND REMON PRICER (SAMICOLOGICO) AUGUST - 10 - 1986 11:026 AUGUST - | | 1 DE | CEASED NAME FI | IRST | MIDDLE | | LAST | | | 7b. HOUR |
| Male May 6 1921 ABRIPHIACE (SIANTOPHONON) Pennsylvania U.S.A. WOOMED ONORGO National Companion N | e 4 | TYPE | OR PRINT) | TREET | REDNAL | ום חי | TCFP CP | ALLGUET | 10-1986 | |
| Male May 6 1921 ABRIPHIACE (SIANTOPHONON) Pennsylvania U.S.A. WOOMED ONORGO National Companion N | god - | 3. SE | | | | | | | | |
| The country | ors offe | | Male | | White | M | NTH DAY YEAR | 65 | YRS MONTHS DA | |
| Pennsylvanis U.S.A. wdowed Divorces Div | 1 P 0 | | | IGN 76 CIT | IZEN OF WHAT CO | OUNTRY? 8. | RIED T NEVER MARRIED | 9. BALTIMORE CITY O | OR COUNTY OF DEATH | |
| Camp Springs Malcolm Grovi Medical Center Retired Willitary Millitary Mi | 010 | | | | U.S.A. | | | Prince G | eerges | м |
| USUAL RESIDENCE (PRINSPACHON ONLY ON CHRESTAND CONTROLLED TO THE MINIST AND CONTROLLED TO THE MINIST AN | Ties C | | | 11. N | AME OF HOSPITAL | , NURSING HOM | E OR OTHER INSTITUTION | | | OF BUSINESS OF |
| 13. STATE 13. COUNTY 13. CITY OR TOWN 13. MALE 13. MATTER TABLE 13. MATTER TA | | | | | | | | | | |
| I. F. ATHER'S NAME John James Pricer Sr. Margaret Rose MacAtamney MacAtamney Margaret Rose MacAtamney MacAtamney Margaret Rose MacAtamney MacAtamne | Buss Same | 13a. S | TATE 13b | COUNTY | 13c-CITY | ORTOWN | 113d. INSIDE CITY LIMITS? | | | or. 2071 |
| John James Pricer, Sr. Margaret Rese MacAtammey Ward Holland MacAtammey Ness MacAtammey Nes MacAtammey Ness MacAtammey Ness MacAtameter Ness MacAtameter | | 14 F/ | THER'S NAME | | | | 15. MOTHER'S MAIDEN NA | ME | | |
| The WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO TYPE NO QUINNOWN WITH THE PART OF PART TO PA | No. | | the S | | Pricer | Sr. | Margaret | | Mac | tamnev |
| Securing | | Ióa V | | | | | | | | e dealine y |
| PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO IMME | medi | Ye | (ES, NO OR UNKNOWN) | W. WIT | 173- | 12-0512 | Frances M. I | ricer as i | in item 13 | |
| PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10). CARDIAC ARRES T. Cardias Arrest DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 198. CONTRIBUTING CAUSES OF DEATH? PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYPED CAUSES OF DEATH? PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYPED CAUSES OF DEATH? PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYPED CAUSES OF DEATH? PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYPED CAUSES OF DEATH? PART 2. OTHER SIGNIFICANT CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYPED CAUSES OF DEATH? 217. ACCIDENT WAS UNDERLYPED CAUSES OF DEATH? 218. BURILLY WAS U | ol. | | 18 CAUSE OF DEATH IE | nter anly ane | cause per line far to | it (b), and ic) | | | APPE | OXIMATE INTERVAL |
| DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate course for, istelling the underlying course lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0* PART 2. OTHER SIGNIFICANT CONDITIONS CAUSES OF DEATH? PART 2. OTHER SIGNIFICANT CO | vent vent | | | | | MAC | ARREST. Car | rdias Arrest | | CONTENT OF STATE |
| The accident was underlying or contributing cause of Death (in Certify that (i) (this hospital) attracted the deceased from all work in Certify that (i) (this hospital) attracted the deceased from above, (i) the (i) (this hospital) attracted the (i) the (ii) the (ii) the (ii) the (ii) the (iii) the (iii | 0 0 | 7 | 2-50 | | 0 | | | | IDITION GIVEN IN PART | 1 (a) |
| OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING (SETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHITE ALWORK NOTIFY MEDICAL EXAMINER) 270 I certify that (I) (this hospital) attended the deceased from STREET, FACTORY, OFFICE FARM, ETC.) 271 I certify that (I) (this hospital) attended the deceased from STREET (ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE 272 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 273 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 274 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 275 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 276 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 277 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 278 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 279 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN C | prior | CATION | 190 DATE OF OPERATION | 7 | b CONDITION FOI | R WHICH OPERAT | ION WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIN IN CERTIFYING CAUS | DINGS USED |
| OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTY STATE OR CONTRIBUTION COUNTY | how | I E | | | | | | | YES 🗌 | NO 🗌 |
| 216. NJURY OCCURRED WHILE NOT WHILE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM.ETC.) 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM.ETC.) 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM.ETC.) 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM.ETC.) 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM.ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY STATE 19 66 to O A D GV ST. 19 60 that (I) (we) In the date and hour and from the causes stoted above. (PTO-CICIO) 217. DATE SIGNED 218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM.ETC.) 219 10 COUNTY STATE PHYSICIAN DIRECTOR PHYS | intol Hys | | OR CONTRIBUTING CAUSI | E OF DEATH | HOUR A.M. MON | | AR | RED (ENIER NATURE OF INJU | RY IN ITEM IB PART I OR PART : | ") |
| 270 I certify that (1) (this haspital) attended the deceased from 29-JULY 19-66 to O-AUGUST 19-66, that (1) (we) I saw the deceased alive on 10-AUGUST 19-86 and that in (my) (our) apinion death occurred an the date and have and Irom the causes stated abave. (Pre) (did) (did not) view the bady after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN August 10, 270 PHYSICIAN'S NAME (IVPE OR PRINT) 271 ADDRESS MALCOLM GROW MEDICAL CENTER 20331-5300 272 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE Burial Arlington Nat*1. Cem. Arlington County V | and Me | MED | WHILE NOT WHILE | | | | | CITY OR TO | own county | STATE |
| saw the deceased alive on 10-AUGUST 1986. and that in (my) (our) apinion death occurred an the date and hour and Irom the causes stated above, (yThe) (did) (did not) view he bady after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN August 10, 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27d. PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN August 10, 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27d. PHYSICIAN REMOVAL 23B. DATE 27d. PHYSICIAN REMOVAL 24B. DATE 27d. PHYS | mort | | 220 certify that (1) (this | s haspital) att | ended the decease | d fram 29- | JULY 10 86 | 10 10 - AL | UGUST 10 86 | that (I) (we) los |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN D. PHYSICIAN DIRECTOR PHYSICIAN August 10, 120 ADDRESS TOSE C. PUEBLA TARILOME: MALCOLM GROW MEDICAL CENTER 20331-5300 123 BURIAL, CREMATION, REMOVAL 23B. DATE 123C. NAME OF CEMETERY OR CREMATORY (SPECIFY Burial 8-14-86 Arlington Nat*1. Cem. Arlington County State 127 DEGREE 127 DEGREE 127 DEGREE 127 DEGREE 128 DEGREE 129 AUgust 10, 129 AUgust 10, 120 AUgust 10, 121 DEGREE 127 DEGREE 127 DATE SIGNED 128 DURIAL, CREMATION, REMOVAL 23B. DATE 129 DEGREE 120 DEGREE 120 DEGREE 121 DEGREE 121 DEGREE 122 DEGREE 123 DEGREE 125 DEGREE 126 DEGREE 127 DEGREE 127 DEGREE 128 DEGREE 129 DEGREE 120 DEGREE 120 DEGREE 121 DEGREE 121 DEGREE 122 DEGREE 123 DEGREE 125 DEGREE 126 DEGREE 127 DEGREE 127 DEGREE 128 DEGREE 129 DEGREE 120 DEGREE 120 DEGREE 120 DEGREE 120 DEGREE 121 DEGREE 122 DEGREE 123 DEGREE 125 DEGREE 126 DEGREE 127 DEGREE 127 DEGREE 128 DEGREE 129 DEGREE 120 DEGR | RECTOR. | | saw the deceased a | live on 10 | -AUGUST | 10 86 | and that in (my) (our) apinion | death occurred an the de | ote and have and I om t | he causes stated |
| PHYSICIAN DIRECTOR PHYSICIAN August 10, 27d. PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE 27d. PHYSICIAN COUNTY STATE | of He 21 is | | | (mid not) view | the bady after dear | th. | | 1 3 3 3 3 | | |
| Specify Burial 8-14-86 Arlington Nat*1. Cem. Arlington County State | pt. of He em 21 is | | abave, (r (we) (aia) (| Tara Tiari Viçav | / | | | | 1//(1)/ | TE SIGNED |
| Burial 8-14-86 Arlington Nat*1. Cem. Arlington County State | | | 226 SIGNATURE | 4 The | , fau | DM. | D. ATTENDING PHYSICIAN | MEDICAL STAI | FF | |
| SPECIFY Burial 8-14-86 Arlington Nat'l. Cem. Arlington County State | d be detoched for us the State Dept. of He RTANT: If Hem 21 is | | 276 SIGNA UHT | (TYPE OR PRINT) | , Fau | DM. | D4 ATTENDING PHYSICIAN P | MEDICAL STAI B DIRECTOR PHYSIC | FF | |
| Burial 8-14-86 Arlington Nat'l. Cem. Arlington County V | hould be detached for us with the State Dept. of He WPORTANT. If Hem 21 is | | 276 SIGNA UHT | (TYPE OR PRINT) | Jan EBLA TAR | DM. | ATTENDING PHYSICIAN D | DIRECTOR PHYSIC | FF Augu | st 10, 1 |
| | with the State Dept. of He | 23o E | 27d PHYSIC AN'S NAME JOSE | C. P. | DATE | | ATTENDING PHYSICIAN DE 1278 ADDRESS MALCOLM GROW | MEDICAL CE | FF Augu | st 10, 1 |
| G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md. AUG 13 1986 | should be detached for us with the State Dept. of the IMPORTANT: if Hem 21 is | 24 FL | 276 SIGNAURE 278 SIGNAURE 278 PHYSIC ON'S NAME TOSE URIAL, CREMATION, REM SPECIES BURIAL INERAL DIRECTOR | L. P. | DATE -14-86 | 23c. NAME O | ATTENDING PHYSICIAN PARTIES ADDRESS MALCOLM GROW CEMETERY OF CREMATORY TON Nat*1. Cem 1250. DAI | MEDICAL CE 23d LOCATION CITY OF FOWN APLIANT E REC'D. BY REGISTRAN | Augu NTER 20331- COUNTY LISS REGISTRARS GIGN | 5300 SIATE V |

le vite vy 1921 65 su vlv ni U...

or mein colors and col

.v. Er. Horsen end ile a 2222 butler suure m. 20745 John Jres ricer, m. search one obumen

er grand al un remote . Fricar un la tem 13

Jan o ib

V 99 V V 7 +68

an Dent mit of

Tairl 9-11-16 Planton att. it. Arling on Jourty Lite.

... alum ... fide two rill c. two ril, c.

| 3 | | 1. | FOR STATE | | DEPART | MENT OF H | OF MARYLAN | ENTAL HYG | IENE 5 2 | 3 0 | 1 | 6-4 |
|--|------------------|----------------|--|--|--|--------------------------|------------------------|-----------------------|------------------------------|---------------------------|--------------------------------|-------------------------------------|
| 10-11.75 | E | • | REGISTRAR | | | | ICATE OF DE | AIH | REG. NO. | 7 | | |
| deoth C | 7 | | CEASED NAME FIR | RLES | MIDDLE | 4.5 | Tor | | | 3 5 | 86 | 26. HOUR |
| Now Hood | | 3 SEX | | 4 RACE | | 5. DATE C | | | & AGE (IN YEARS LAST BIRTH | 0 | UNDER I YEAR | IF UNDER 24 HRS |
| Je 4 rector. | 35 | | MACE | BLA | CK | MONTH | 26 | 26 | 60 | YRS | NTHS DAYS | HOURS MIN. |
| eoth. Poor | <u>\$</u> 5. | | THPLACE (STATE OR FOREK | | .S.A. | ? 8 MARRIEI WIDOWE | D NEVER MA | | 9 BALTIMORE CITY OR PRINC | CE GEO | | MD. |
| ofter d by the fur | 80 | - | LUCK SPRING | (IF NOT IN SE | HOSPITAL, NURSI | T ADDRESS) | OR OTHER INSTIT | IUTION | 120 USUAL OCCUPATIO | N WORKING LIFE) | 126 KIND O INDUSTRY FED. | F BUSINESS OR COVERNMEN |
| filled in | J. Par | ÜSUA 13a. S | TATE C. | OME OR OTHER INSTITUTION COUNTY | N. GIVE RESIDENCE BEFO | | 13d INSIDE CITY | Y LIMITS? | 2455 ELVANS | ZIR GODE S | .E. 20 | 0020 |
| impletely ond 2 sh | 20/ | | THER'S NAME WILLTAM | WIDDLE | PROCI | OR | 15 MOTHER'S | ESSIE | WE | The second | PROC | CTOR |
| IMORE n ond co | medicol | | AS DECEASED EVER IN U | S. ARMED FORCES? | 579-24- | | DAVID W | | TOR 2455 EL | | D. S.I | S. |
| T., BALT | went, the | | 18 CAUSE OF DEATH (E.C. PART I. DEATH WAS C | nter only one couse pr CAUSED BY MEDIATE CAUSE (a) | er line Plat, the a | rater | n Fa | ilm | e | | APPROXI BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| W. PRESTON S at the deoth cer by the offending | other froumatice | | Conditions, if ony, wh gove rise to immedia couse (0), stoting to underlying couse (c | DUE TO, (ich (b) _ the DUE TO, (| OR AS A CONSEOL | JENCE OF | lainon | n of | the Lung | | / | DMIS |
| RDS, 201 | injury, or | NOI | PART 2 OTHER SIGNIFIC | CANT CONDITIONS | CONTRIBUTING TO | DEATH BUT | NOT RELATED T | O THE TERM | INAL DISEASE OR COND | ITION GIVEN | N IN PART 1 c | |
| R P P | ows ony | CERTIFICATION | 190 DATE OF OPERATION | 1 19b CON | DITION FOR WHIC | H OPERATIO | N WAS PERFOR | MED | 20a AUTOPSY? | 20b. IF YES, VIN CERTIFYI | WERE FINDIN | OF DEATH? |
| Of VITAL OF VITAL ICIAN The g physicio g physicio ertificote h indi-tronsit properties and the properties are also become a properties are also | ar Item 18 sh | | 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE | OF DEATH HOUR | OF INJURY A.M. MONTH [P.M. | DAY YEAR | 21c. HOW INJU | JRY OCCURR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PAR | T I OR PART 2) | Samo |
| | rked or h | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | LAT NOME S | E OF INJURY STREET, FACTORY, OFFICE | , FARM, ETC.) | 211 LOCATION STREET | 7 | CITY OR TOW | N JA | COUNTY | STATE |
| ENDI olon | 21 is mo | | 22a certify that () (this souther deceased all pove. () (w) (did) (| hospital) etterded | deceosed from | Nices. | Ster St | our) opinion o | to Coursed on the dot | e and hour o | ond from the | that (I) (we) last couses stated |
| Al OR A the hosy and DIREC | ore Depr | | 226 SIGNATURE CUELLO | nox- | , | | DEGREE AT | TENDING TYSICIAN D | MEDICAL STAFF | AN [] | 220 DATE | 186 |
| TO HOSPITAL etoined by th TO FUNERAL | MPORTANT. | | EVERACE | | 6th=5 | | 22e ADDRESS | | | | | |
| 100 60 | 60 | | URIAL, CREMATION, REM | OVAL 23b. DATE | | | EMETERY OR CR | | 23d LOCATION | 20.00 | COUNTY | STATE |
| BP. | 7 1 | 74 EI | BURIAL INERAL DIRECTOR LLH | IS FUNERAL | HOME, IN | RMONY | CEMETER | 250 DATE | LANDOVEI | FG. | MARY | LAND |
| DHMH - 16 60 (VRA 15, | | 1,10 | NAME 433 | 39 HUNT PL | ACE, NES | | | THE | 0 1006 | dieta | den R | indette |
| (AUW 12) | 7 | | WAS | HINGTON, E | .C. 20019 | | | LAUI | 0 1900 | | - | - |

The Huntt Funeral Home, Waldorf, Md.

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

though the test of the x the test as the t the sunsk lyners burs, this be, to.

| | | 1 | | | | STATE | OF MARYLAN | ND | | | - 7 | |
|---------|--|---------|---|------------------------------------|--|-------------------|------------------------|---------------------|---|--------------------------------------|----------------------------------|----------------------------------|
| n - 1 | 0011 | 1 | FOR - STATE | | DEPARTA | | EALTH AND M | | ENS 2 | 3 0 | 10 | |
| 0 - 1 | 0944 | | REGISTRAR | | | CERTIF | CATE OF DE | EATH O | REG. NO |). | i | |
| | | | ECEASED NAME FIRST | | MIDDLE | L | AST | | 20. DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| 1 | 3 25 | | Mary | | | Rea | pan | | Aug | net 27 | 1986 | 3:05A.M |
| X | to a d | 1.3 | | 4 RACE | | 5. DATE O | FBIRTH | | 6. AGE (IN YEARS LAST BIRT | | UNDER 1 YEAR | IF UNDER 24 HRS. |
| U | pe 4 | | female | white | 2 | Ja | n 14 | 1909 | 77 | YRS. | NIHS DAYS | HOURS MIN. |
| | Hoth To | 970 | BIRTHPLACE (STATE OR FOREIGN PENNS Y LVANIA | | WHAT COUNTRY? | MARRIED WIDOWE | NEVER MA | ARRIED . | Prince Geo | | FDEATH | MD. |
| 10 | of the state of th | 40 | Laurel | (IF NOT IN SU | HOSPITAL, NURSIN CHEACILITY, GIVE STREET A | ADDRESS) | | | 120 USUAL OCCUPATE (IXPE OF WORK FOR MOST OF REGISTERED | NC | 126 KIND OF INDUSTRY HOSPI | tal. |
| ND 212 | tilled in | 130 | UAL RESIDENCE (IF NURSING HOME STATE LOrida 136 COL | OR OTHER INSTITUTION JUNTY | 13c CITY OR TOW Sunruse | admission) N | 13d INSIDE CIT | Y LIMITS? | 13957FF 1998FS | th Cer | 333219 | 19999 |
| RYL | 1 15 76 | 10 | FATHER'S NAME John | WIDDLE | O'Neil | | 15. MOTHER'S | | AE MIDDLE | 11 | LAST | 1 |
| 3 | 1 19/30 | 2 | | | | | | hryn | | | arney | |
| B WOR |) photo of | 3 160 | WAS DECEASED EVER IN U.S. A IYES, NO OR UNKNOWN) (IF YES, C | RMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECU | | John J | | ADDRE In same as | | | |
| 15 | physics on papers movel. | | 18 CAUSE OF DEATH (Enter of PART I. DE ATH WAS CAUS | ATE CAUSE (a) | CHINDID | IV | LMOX | | | T | APPROXIA BETWEEN O | MATE INTERVAL INSET AND DEATH |
| RESTON | death co attended nove corb otion, or reamptic | | Canditians, if any, which gave rise to immediate | DUE TO, C | A CONSEQUE | NCE OF | YUCA | 2DIA L | INFA | PETROX |) | |
| 1 W. P | that the state the oil crem | | cause (a), stating the underlying cause last. | | CARD | NCE OF | | | ock. | | | |
| 205, 30 | Then pl | No. | PART 2. OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO D | DEATH BUT | NOT RELATED 1 | TO THE TERMI | INAL DISEASE OR CONI | DITION GIVEN | V IN PART 110 | 14 |
| T RECO | to low bear to be be bear to be be bear to be be bear to be bear to be be be bear to be be be be be bear to be be be be be bear to be b | J INCA | 190 DATE OF OPERATION | 196 CONE | DITION FOR WHICH | OPERATIO | N WAS PERFOR | MED | 200 AUTOPSY? | 20b. IF YES, Y IN CERTIFYI YES | WERE FINDIN | GS USED OF DEATH? |
| OF VITA | CLAN. The physics of the control of | AL CERT | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | EATH HOUR A | | Y YEAR | 21c HOW INJ | URY OCCURR | ED (ENTER NATURE OF INJUR | | | |
| IVISION | orberdon arter this or in the burn the burn | MEDIC | (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY TREET, FACTORY, OFFICE, F. | | 211 LOCATION STREET | N | CITY OR TO | WN | COUNTY | STATE |
| ٥ | TTENDIS phot or TOR At for use of Health | | 22a.1 certify that (1) (this has saw the deceased glive a abave, (1) (we) (did) | 5/ | 00 | % S | | ., 19 <u>86</u> | , ta death occurred on the do | te and haur c | | that (I) (we) last |
| | AL OR A the horn | | 22b. SIGNATURE Awirl | M. (| nella | | DEGREE AT PI | TENDING HYSICIAN | MEDICAL STAF | F IAN 🗌 | 22t. DATE S | 17-186 |
| | HOSPIT TOTAL | / | A RUIND | | MEHT | A | 7 (DI | | HTIMORE | AV | E COI | LEVE MA |
| 60 | 0000 | 230 | BURIAL, CREMATION, REMOVA | | 23c N | IAME OF C | EMETERY OR C | REMATORY | 23d LOCATION | | COUNTY | STATE |
| 44 | 98P/ 7 / | | burial | Aug | 30,1986 Ho | oly Cr | oss Cem | | North Ar | | | |
| 11 | DHMH - 16 80M 7/8 | 4 24 | FUNERAL DIRECTOR | | ADDRESS | | | | REC'D. BY REGISTRAR | 256. REGISTRA | R'S SIGNATU | JRE |
| | (VRA 15. 4) | | analdson Funero | Il Home | P.A. Launa | R. Man | uland | SEP (| 73 1986 1 | dia Die | de la Carta | Lazz. |

| | 2 | 50 | | FOR | | | DEPART | STATI MENT OF H | | ARYLAND AND MEI | | GIENE | 9 | -3 | 8 7 | 7 |
|-----|-----------------------|--|---------------|------------------------------------|--|--------------------------------------|--------------|---------------------------------------|--------------|--------------------------|---------------|------------------------|------------------------|-------------------|-----------------|-------------------------------------|
| 0.0 | 1 | 0100 | | STATE REGISTRAR | | ME | DICAL | EXAMINE | R'S CE | RTIFIC | ATE OF | BEATH | REG | , NO. | 69 . | |
| n n | - 1 | 0100 | 1. DEC | EASED NAME | FIRST | | WIDDLE | | LA | IST | 31.33 | 20. D/ | ATE KNOWN | | H DAY | YEAR 26. HOUR |
| | | 海米昭新四 | (TYPI | OR PRINT) | 1saac | E | orl | | RE | ED | | | OF ESTI- | 08- | -16 19 | £ M |
| | | PP. PLE. DIRECTA DUR. FIL DIN STRE | 3. SEX | 14/e | Black | 5. DATE OF BIRTH | 3/ | 6 AGE (IN YEAR) LAST BIRTHDAY) 54 YRS | | | FUNDER 2 | MIN PRON | DATE OUNCED DEAD | K-/ | 16 19 | 8 25% |
| | | 図書の主張 ツー | FOI | REIGN COUNTRY | ATE OR | THE CITIZEN OF WH | IAT COUN | ITRY? 8 | MARRIED | NEVE | ER MARRIEI | 9 BA | LTIMORE CIT | Y OR COUR | NTY OF DEA | ATH |
| | | 845 8 P | So | uth Car | | U.S.A. | | | WIDOWE | | DIVORCE | | Rince | | | MD. |
| | | PAGE FIED | Ch | everly | | Prince () | LOGO | OSINES OS | al la | Z instituti | Tal I | | F WORKING LIFE) | | ORIN | of Business idustry al Car Co |
| | 21201 | AND THE AND TH | 13a S | | 1136 COUN | or other institution, GITY Ce George | 13c CITY | BEFORE ADMISSION OR TOWN DET Mar. | 1: | 3d. INSIDE CITY Yes 🔯 | Y LIMITS? | 9515 C | astle | Drive | 2 | 20772 |
| | RE, MD. | A STATE OF THE STA | 14. FA | THER'S NAME FIRST | 1 | MIDDLE | R | eed | 1 | S MOTHER FIRS | S MAIDEN | NAME | MIDDLE | | Ise | |
| | BALTIMORE | JURS AFTER DEATH 18. GIVE PACHE WITH FORM INT. PAGES INT. PAGES | | S, NO, OR UNKNO | VEVER IN U.S. AR/ | WAR OR DATES) | 21/200 | -40-684 | - | 7. INFORMA | | Reed | 9515 Uppe | Cast Cast | le Dri Iboro | ve MD 2077 |
| | 201 W. PRESTON ST., I | ENCIL IN ITEM MINER ALONG TRANSIT PERN TRANSIT PERN ENTAL HYGIENE OR REMOVAL | | PART I DE Candition gove ris | IMMEDIATE Is, if any, which is immediate stating the <u>under-</u> | TE CAUSE (o) | AS JOI | ISEQUENCE OF | | Le | | | | | APPRE BETWEE | OXMATE INTERVAL AN ONSET AND DEATH |
| | RECORDS, 2 | BE EXECUNDING" NEDICAL INS A BURALTH AND | NO | PART 2 OTHER SIG | GNIFICANT CONDITIONS | (c)CONTRIBUTING TO DEATH | BUT NOT RELA | ITED TO THE TERMIN | AŁ DISEASE O | OR CONDITION (| GIVEN IN PART | 1 10 | | | | 145 |
| | OF VITAL RE | WORD "PE WORD "PE HE CHIEF N BE USED A BURN OF HE | CERTIFICATION | 19a DATE OF | | 19b. CONDI | TION FOR | WHICH OPERA | TION WA | S PERFORM | AED? | | | | | OPSY? |
| | ONOF | CERTIFICATE WED TO THE WED TO THE WAS SHOULD B DEPARTMEN | | UNDERLYING CONTRIBUTION | L CAUSE WAS OR NG CAUSE OF I | DEATH P.M | . MONTH | DAY YEAR | | | OCCURRED | (ENTER NATURE | OF INJURY IN ITE | M 18 PART 1 OR | PART 2) | |
| | DIVISION | THIS CERTIING WARDED T WARDED T PAGE 3 SH TATE DEPA | MEDICAL | 216 INJURY C WHILE AT WORK | NOT WHILE C | 21e PLACE (| OF INJURY | | 21f LOCA | | | CITY | OR TOWN | C | YTHUOS | STATE |
| | • | DICAL EXAMINE TE THE CERTIFICATION OF THE MITH MITH MORE MARKING MITH MORE MARKING MAR | | ACTUAL SIGNATURE | Augus | rol causes , | Accident | , Suici | M.D | Homicio (SPE | ECIFY) | Undetermine MEDICAL E | | and in my in DATI | E 0- | 17-8 |
| | | EXEC PAGE TO FIE BALTE | 23a. B | | ION, REMOVAL 2 | POR ROG | | VAME OF CEME | | CREMATOR | | Preson 1 | Or. Cy | 1 sps - 1 | JH (21 | , my |
| | 07/B4 | BP | | Bur | ial | 8/22/86 | Ma | rvland | | | | CITY OR TOW | /N | | e Geo | rge's MD |
| | 25M | DHMH - 17 | 24 FL | JNERAL DIREC | TOR ROLLIN | IS FUNERAL | HOM | F INC | | | | C'D. BY REGI | | | | |
| | | (VR A15 ME (5)) | | | 433 | 9 HUNT PI | ACF. | NE NE | | 7 | AUG 2 | 5 198 | 6 | an Lague | | 1 |
| | | | | | WASH | UNGTON P | 000 | 0010 | | | 00 | 20 13 | UŲ | 1014 | and and by | 1000 |

week Uproling to . . . The state of the s SELECTION OF STREET) . I the state of the s a therante F. R. Some a select was to play and the I fee Fill Parties burd-1 or 6/22/86 thryland Veterens Gen. Cheltcomem brice Cobrec's on COLLEGE FORESTEL HOUR, INC.

| 00 . 0 | 1 | STATE OF MARYLAND | | | |
|--|---------------|--|-----------------|------------------|------------------|
| 00-16017 | 11. | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 | 2 | 3 8 / | / 8 |
| | L | REGISTRAR CERTIFICATE OF DEATH REG. N | 0. | | |
| . m.f | | | | DAY YEAR 2 | h HOUR |
| nay be page 3 | | TRENE Mary REYNOLDS | 8 1 | 6 86 | M |
| | 3. SE | A CONTRACT OF A | | | IF UNDER 24 HRS |
| ge 4 orrs of th | LF | cmale White Oct 18,1898 87 | YRS | | , and |
| Page Annual Annu | 70. B | RTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY C | R COUNTY | OF DEATH | |
| to all all all all all all all all all al | M | laruland USA WIDOWEDS DIVORCED Trince | Ger | prae | MD. |
| 2 2 3/1/ | 10 C | ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1120 USUAL OCCUPATION OF THE INSTITUTION 1120 WORK FOR MOST C | | 120 KIND OF I | BUSINESS OR |
| 5 SEL | | aunel Greater Laurel Beltsville Hospital Ketine | | Teleph | me Co |
| 4 how | 13a | AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS. | / ZIP CODE | | 70101 |
| AND in 24 | r | | enh | -1 / / 1 | nue |
| RYL, | 14 F | ATHER'S NAME FIRST MIDDLE MAST MIDDLE MAST MIDDLE | | LAST | |
| AM De la Cap | -16 | geniamin Hall Elliott Kachel | | Steve | ns . |
| ORE, xecu d ce | 160 | VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDR | 407 5 | Sandy S | pring Rd |
| BALTIMORE. | | NO - 212.15-03381 ratricia Elliott- | Laur | el. mb | 20107 |
| BAL S | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | ATE INTERVAL |
| Certificat | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE | | 201 | 125. |
| NO RE VIII | | DUE TO, OR AS A CONSEQUENCE OF | | 200 | |
| RESTON deadth and | | Conditions, if any, which gave rise to immediate | | 3 DA | 15 |
| d the sea of | 10 | cause (a), stating the DUE TO OR AS A CONSEQUENCE OF | | | |
| 201 W ned by please urial, cr | 10 | underlying cause last. (c) CONSESTIVE HEART FAILURE | | MON | CHI |
| DS, 2 quires signe hen p hen p ignry, | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON | DITION GIV | EN IN PART Ica | |
| RECORDS, Ilow requir os been sign bermit. Then the prior to b | CERTIFICATION | IN ESTINAL BISTRUCTION, WENAL INSUPPLIENCY DIVERTI | CULIT | | |
| REC Iow | 5 | DARTIA: IN TITALIA | IN CERTIF | YING CAUSES O | F DEATH? |
| At the sit the | ERT | PACTIAL COLECTOMY YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY | | S 🗌 | но 🗆 |
| ON OF VIT | 9 | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | RY IN ITEM 18 P | ART 1 OR PART 2) | |
| ON OF | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION | | | |
| PH trength the the the the the the the the the t | WE! | WHILE NOT WHILE (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TO | IWN | COUNTY | STATE |
| DIN Or | 1 | 11115 01 0 | | 10 86 16 | |
| TENG Tologian Tologian Tologian Tologian | | 22a I certify that (1) (this hospital) attended the deceased from | ate and hour | , 111 | ot (I) (we) lost |
| R AT hosp sectors of the sectors of | | obave, (/ (we) (did) (did nat) view the body of) death 22b. St. Noville DEGREE | | 22c DATE SI | |
| the Districts to De De De De | | MALA ATTENDING MEDICAL STA | FF | 0/11 | 186 |
| PITA by by Store de | 7 | PHYSICIAN DIRECTOR PHYSIC 22d PHI JAN'S NAME (1996 OR PRINT) 22d ADDRESS | IAN [| 0110 | 106 |
| TO HOSPITAL (TO FUNERAL I TO FUNERAL I With the State E IMPORTANT: II | | V FSMALHAND 321 DOWLEGED 1. | - | | |
| Of of which was a series of the series of th | 730 | BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION | | | |
| BP | 1.00. | O CITY OR TOWN | ** C | AND . | MATATE |
| | 24 B | UNEFAL DIRECTOR TUG 19, 1986 Luther Talmer Mem. Hong poly | 25b. REGIST | RAR'S SIGNATUR | RE . |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 15 | DAME OF THE PROPERTY OF THE PR | lie Da | ridge Par | falls . |
| (| TTO | cylor runeral Chapel-Hanapolis, MU 1206 21 1986 | , , , | | |

CAPE TOOMS NEWWAY STATES Legender Spanish Spanish Spanish State Spanish to the second se Control of the fact of the fac Langue Morross do 198 A The All I had now your The Book of the Hall to can be from the things and the same and the THITTELE SALES TO HAVE SUFFICIALLY 5 = 33 == 300 F

And the second of the second o

And the state of t

FOR

REGISTRAR

FIRST

Charles

L DECEASED NAME

- STATE

LITYPE OR PRINTS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

BURIAL

8-11-86 24 FUNERAL DIRECTOR F.H. 7474 LANDOVER MD. J.B.JENKINS

HARMONY MEM PARK LANDOVER 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REG. NO

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH

D.C. GOV.T

IF LINDER LYEAR

INDUSTRY

SCOTT

YES [

COUNTY

P.G.

22¢ DATE SIGNED

STATE

MD.

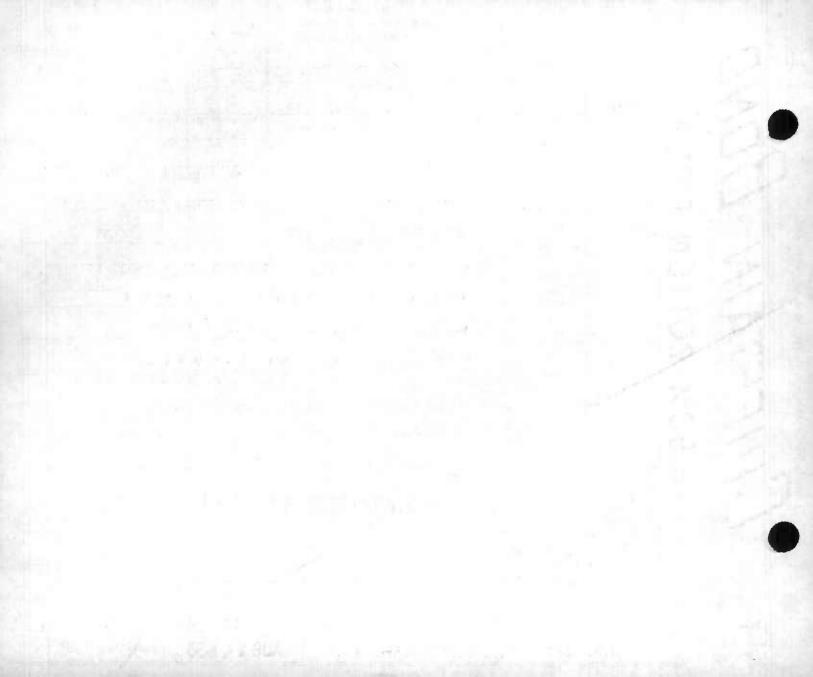
8-6-86

6:55a

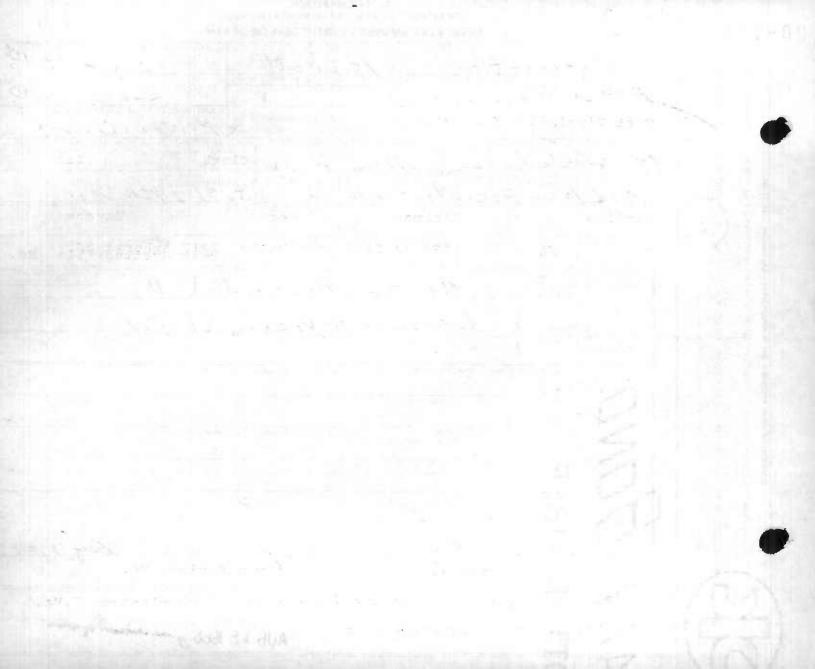
IF UNDER 24 HRS

20 DATE OF DEATH

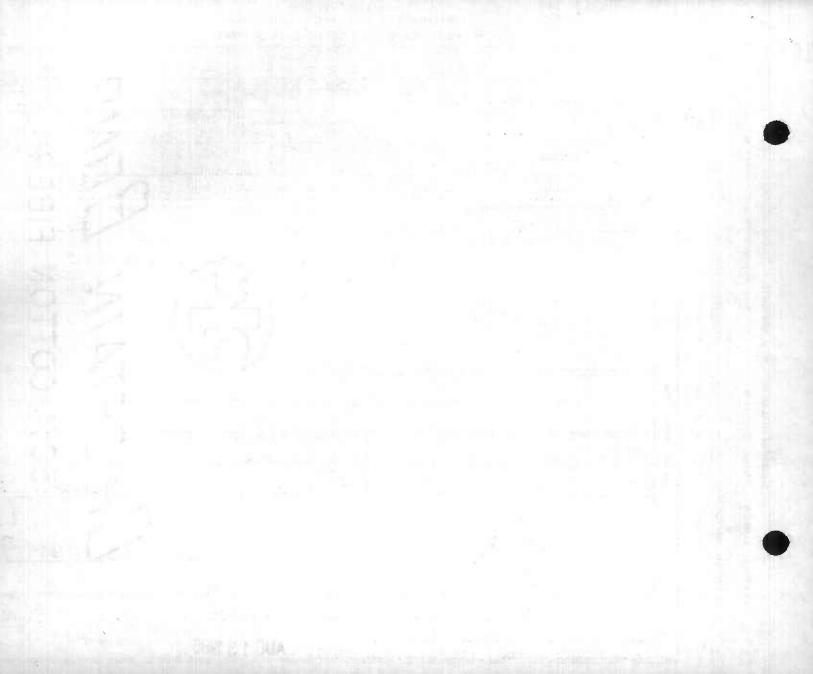
8-6-86



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS IF UNDER 24 HR DATE hiteonin YEAR LAST BIRTHDAY) PRONOUNCED DEAD YRS CITIZEN OF WHAT COUNTRY? United State 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE MARRIED | NEVER MARRIED States FORWES TRY) Virginia WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Clerk IBEW 13e STREET ADDRESS LI STATE 13d. INSIDE CITY HAUTS? NO [Harring 15. MOTHER'S MAIDEN NAME Hickman Haynes MIDDLE MIDDLE Amherst Rd Hyattesville, 578 24 2748 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Toby Folks (YENO OR UNKNOWN) (IFNES DE WAR OR DATES) ICAL EXAMINER ALONG WI A BURIAL - TRANSIT PERMIT A AND MENTAL HYGIENE, IN MATION, OR REMOVAL. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION ICATE, WRITING THE WORD "PER E CORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURNAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO De 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 210 PLACE OF INJURY (AT HOME. TH LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER-DEATH, WITH THE SIT, BALLIMORE, MARYLAND, 2' 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Notural causes Accident Homicide Undetermined monner TITLE (SPECIFY) Silver Spring, Md. EXAMINERS NAME John Rogers, TYPE OR PRINT 234 NAME OF CEMETERY OF CREMATORY Springhill Cemetery City OR TOWN Charleston W. Varate 230. BUBAL FREMATION, REMOVAL 236 ANT 88616 BP. AUG 1 5 1986 DHMH - 17 (VR A15 ME (5)) 20M 4/B2

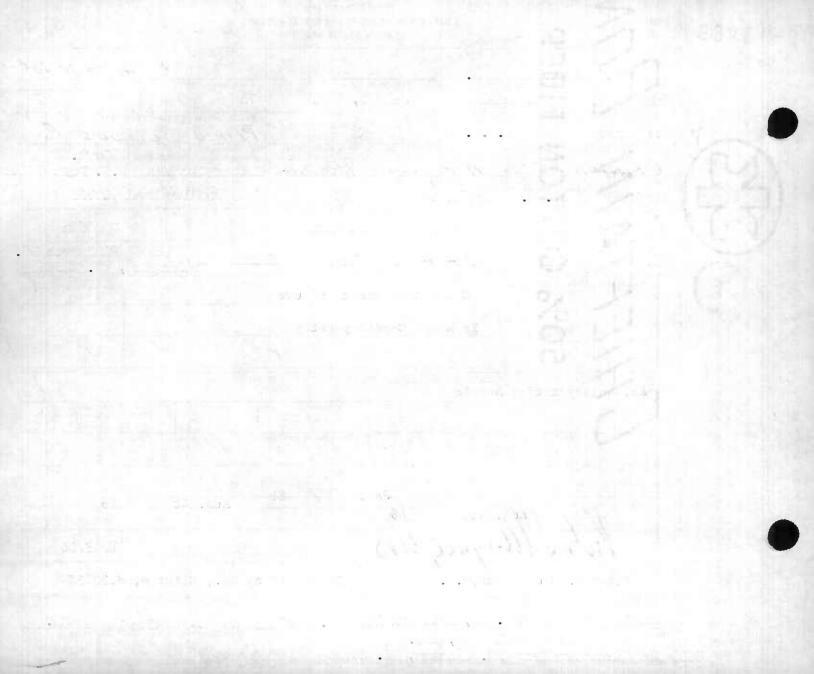


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-David **Ri.dgeway** Wayne DEATH MATED 86 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 28HONB PRONOUNCED Male White Aug. 5, 1955 DEAD A M a BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Mary Land II.S.A. Prince George's County, MD WIDOWED DIVORCED O. CITY OR TOWN OF DEATH Lanham 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Dieners HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! 6921 Lamont Dr. Accountant SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Carpet Lanham Maryland 13d. INSUDE CITY LIMITS? 6921 Lamont Drive 20706 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gowen Helen Ridgeway Donald 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-68-3160 Helen Polani (Mother) Same as #13 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHE KECUTE THE CERTIFICATE, WRITING THE WORL PAGE 4 SHOULD BE FORWARDED TO THE CHIT OF LUNEAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENTO BALTIMORE, MARYLAND, 21201 PRIOR TO BURN YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 8:20 8/ 9/1986 self inflicted wound 21e PLACE OF INJURY 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 6921 Lamont Dr., New Carrollton, Pr.Geo., Md. home 22a I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Suicide X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/9/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY P.G. Burial 08/13/86 Washington National Cem. Suitland Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, MD, 20781

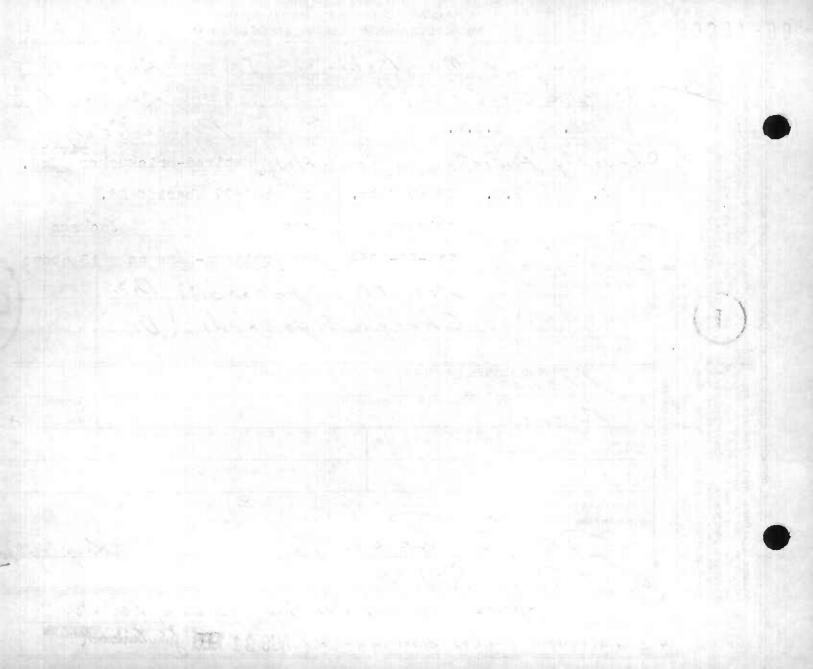


9013 Annapolis Rd. Lanham. Md.

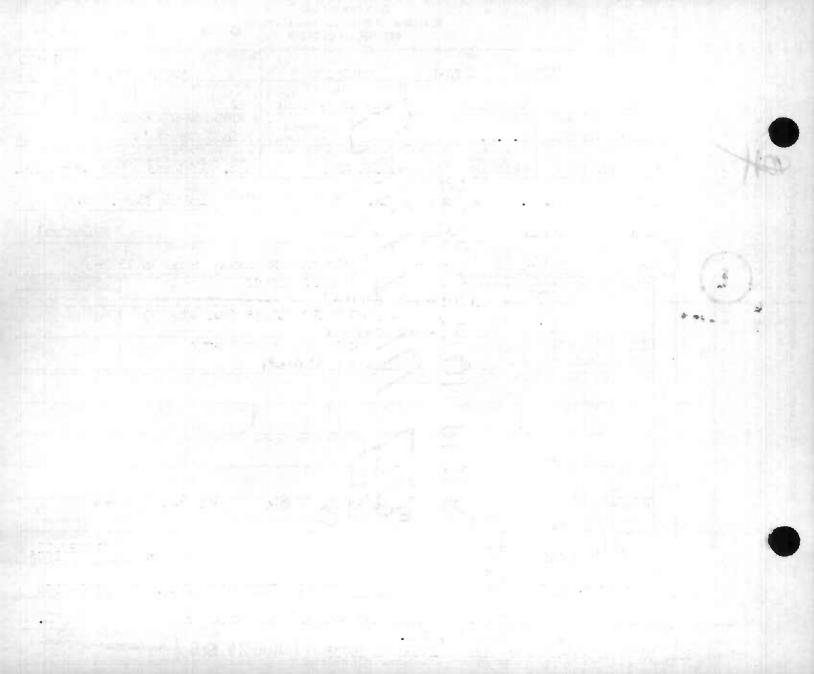
STATE OF MARYLAND



| | 4 | | | STATEO | MARYLAND | |
|--|---------------|--|-------------------------|--|--|--|
| | 01- | FOR | | DEPARTMENT OF HEAL | TH AND MENTAL HYGIENE | 0 7 0 0 1 |
| 1111-16110 | 9 " | REGISTRAR | M | EDICAL EXAMINER'S | CERTIFICATE OF DEATH | REG. NO. |
| 00,00 | I. DI | CEASED NAME FIRST | | MIDDLE | LAST Zo. DATE K | |
| The state of the s | | PE OR PRINT) | | m P | | ESTI- A 1079 |
| E E E E E E E E E E E E E E E E E E E | | Cw | cent | 111- 10 K | I'm in m Sy. DEATH ! | MATED WA (4 19 0 30) |
| 海口に支援 く | 3.56 | 4 RACE | 5. DATE OF BIRT | | UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE | MONTH DAY YEAR 24 HOUL |
| Z2584 | + | 11/21/ | 15.4 | A TO CAST BIRTHDAY) MI | ONTHS DAYS HOURS MIN PRONOUNCE DEAD | ED 1 219 |
| A SAND | 17. | BIRTHPLACE (STATE OR | 76 CITIZEN OF | O J J JRS. | | 125. 14519 18 0 W |
| 新田 新田 第三 | 70 E | OREIGN COUNTRY) | | MA | RRIED NEVER MARRIED | RECITY OR COUNTY OF DEATH |
| ASAFA | K | Md. | U.S | · A · WID | OWED DIVORCED DIV | nee (reovaes me |
| SHIP BY | 10 0 | ITY OR TOWN OF DEATH | 11. NAME OF HO | OSPITAL, NURSING HOME, OR C | THER INSTITUTION 120 USUAL OCCUPA | ATION (TYPE OF WORK 124 KIND OF BUSINESS |
| 2年8年8 | A | 06.116 | (IF NOT IN SUCH | FACUITY, GIVE STREET ADDRESS) | FOR MOST OF WORKS | NG LIFE) |
| BE 2 # 8 1 | Iiśii | AL DESIDENCE TO THE | 1. Nille | reorged be | w. Herred- | Brickmaker Ind. |
| CONTRACT 6 | 130. | AL RESIDENCE (IF IN NURSING HOM | | GIVE RESIDENCE SEFORE ADMISSION) | 134 INSIDE CITY LIMITS? 130 STREET ADDRES | 21-110 |
| 2 4 4 8 5 5 5 V | | Md. | P.G. | Cedar Hgts. | | eriff Rd? 0/43 |
| o "Ne22 | 14. F | ATHER'S NAME | | | 15 MOTHER'S MAIDEN NAME | |
| 5-365/ | 1 | FIRST | MIDDLE | LAST | FIRST | |
| N COE | | oseph | | Robinson | Mary | Jackson |
| W SESSION I | 160 | WAS DECEASED EVER IN U.S. A | VE WAR OR DATES | 166 SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| E FEET | | No | TE WAR ON DATES | 219-03-1354 | Mary Robinson-Sa | ame as # 13 above |
| 2 80595 | | | 1 | 1 | india, modelingon be | |
| MAN SERVICE | | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS | ED BY: | ne far (a), (b), and (c).) | 1. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | N In | | ATE CAUSE (a) | Nonde | /nyocardial | 12131 |
| E Transa | | | DUE TO, C | OR AS A CONSEQUENCE OF | | |
| TRESTON CHANGE NU HYGER | 1 | Canditions, if any, whi | | Ch valanza | 10:10 000 11 | 10.0 |
| - Acada | | gave rise to immedia cause (a) stating the unde | | OR AS A CONSEQUENCE OF | Ivi you avala | |
| 201 ON EN | | lying cause last. | DOE 10, C | DR AS A CONSEQUENCE OF | | |
| · /- / | -18 | | (c) | | | |
| L RECORDS. UID BE EXE "PENDINGS" FE MEDICATE ABUTH AN AL. CREMATIN | | PART 2 OTHER SIGNIFICANT CONDITIO | NS CONTRIBUTING TO DEAT | IH BUT NOT RELATED TO THE TERMINAL DIS | EASE OR CONDITION GIVEN IN PART 1 (a. | |
| S A S A S E E E E E E E E E E E E E E E | Z | 100 | no | | | |
| PEN APPLE | CERTIFICATION | 190. DATE OF OPERATION | 110h CONI | DITION FOR WHICH OPERATION | WAS DEDECDATED? | Technique . |
| | 1 5 | 11 | 110 CON | SHOW ON WHICH OF EXAMON | WASTERI ORMED: | 20 AUTOPSY? |
| ¥88955 | J E | 1000 | ne | | | YES NO B |
| PEN | - 1 | 210. EXTERNAL CAUSE WAS | | OF INJURY .M. MONTH DAY YEAR | HOW INJURY OCCURRED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART 1 OR PART 2) |
| N DECEMBER | 1 | UNDERLYING OR CONTRIBUTING CAUSE O | | | | |
| BIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROED TO THE CHIE E.S. 3 SHOULD BE USE E DEPARTMENT OF OI PRIOR TO BURKLING | MEDICAL | 21d INJURY OCCURRED | | | LOCATION | |
| DIVIS S CER REDED GE 3 SI TE DEP | N W | WHILE S NOT WHILE | | ACTORY, FARM, ETC.] | STREET CITY OR TOWN | COUNTY STATE |
| DIN THIS C WARDI WARDI PAGE 2 | | AT WORK AT WORK | | | | |
| W ~ W | | 22a I certify that I took cho | | and the desired of the second | | |
| EXAMINER: CERTIFICAT UID BE FOR DIRECTOR: I, WITH THE | | | 12/2 | escribed above, held an Au | apsy . Inspection Inquiry | , and in my apinian |
| WE BE BE | | death resulted fram: Na | tural causes | Accident Suicide | , Hamicide, Undetermined man | ner . |
| A S B B B S | | | 0 | , (| TITLE (SPECIFY) | , |
| HE ALE | | ACTUAL SIGNATURE | 10 | a gel | M.D. De MEDICAL EXAMIN | DATE THE 14191 |
| SE S |) | | 1 | 0 1 - | The state of the s | SIGNED - |
| ₩5.7.5.8.3× | | EXAMINER'S NAME | lain | KANGERS | | |
| A P A S S S S S S S S S S S S S S S S S | 22.50 | | | 1790 | ADDRESS | |
| TO MEDICAL EXAMINED TO PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH I BALLIMORE, MARYLA | 230% | URIAL CREMATION, REMOVAL | plialo1 | 23 NAME OF CEMETER | CITY OR TOWN | COUNTY / STATE |
| | | | 0/11/06 | HARMONY | MEH. PARK LAHDON | |
| 25M DHMH - 17 | 24. F | UNERAL DIRECTOR | | 05 | 250. DATE REC'D. BY REGISTRAR | THE REGISTRAR'S SIGN HER PARTY |
| (VR A15 ME (5)) | 14 | . S. WASHINGTO | N + SOME Y | 905 BURROUGIS AU | E. W. ET. ALIG DI TUR | Pricia Davidon Jano |
| (| - | | | | / - 1100 G T WOOD | |



| | 1 | | | STATE OF MARYLAND | | | |
|--|---------------|--|--|--|--|--|---|
| 16400 | 1 | FOR STATE REGISTRAR | | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE & & | 2 3 | 8 5 |
| 10493 | | ECEASED NAME FIRST PE OR PRINT) | WIDDLE | LAST | 20. DATE OF DEATH | ONTH DAY | YEAR 26. HOUR 23 |
| nay be page 3 er death | | GAY | LOR ELIJAH | ROBINSON | AUC | GUST 25 | |
| | 3. S | EX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTH | DAY) IF UNI | DER I YEAR IF UNDER 24 HRS |
| ge 4 ector. ors oft | | Male | Caucasian | October 6, 1923 | 62 | YRS. | S SAIS NOOKS MIN. |
| To die | 70.1 | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVERMARRIED | 9. BALTIMORE CITY OR | COUNTY OF D | EATH |
| de de la | | arrison Georgia | U.S.A. | WIDOWED DIVORCED | Prince Geor | ge's | MD. |
| 24 8 | / | amp Spring | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Malcolm Grow Ho | NG HOME OR OTHER INSTITUTION ADDRESS) DSpital AAFB | 120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Ret. Aif Fo | WORKING LIFE) IN | b. KIND OF BUSINESS OR JOUSTRY JS GOVT Milt. |
| filled in portable fr | 13a. | JAL RESIDENCE (IF NURSING HOME C STATE 136 COU aryland P. | OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JNTY G. District | I 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / 17403 Kiplin | zip code | 20747 |
| within d 2 sh | 7. 14. F | ATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | AME | | LACT |
| de la | 1 | John Will: | iam Robinso | on Ella | MIDDLE | | Winefred |
| Kecur Foal | 160 | WAS DECEASED EVER IN U.S. A | IVE WAR OR DATES! | | ADDRES | | |
| 0 5 | 1 | les 1942 | 2-1968 260-60-7 | 7193 Katherine Ro | obinson Same | : As 13 | A-E |
| 8 8 4 | | 18 CAUSE OF DEATH (Enter of | only ane cause per line far (a), (b), ar | CARDIAC ARRI | EST | 444 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | 1 | | ATE CAUSE (a) LATDIA | 6 1-11 LEZ 1 | | | |
| the corbination of the corbinati | • | | DUE TO, OR AS A CONSEQU | ENCE OF SUSPECTED SEPS | SIS (NOT PROV | EN) | No. of the second |
| deor deor | | Conditions, if any, which ((b) Suspected Sps 15 | | | | | |
| ned by the please removerial, cremy, or others | | gave rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE MOTAS | ENCE OF METASTATIC LI | | | |
| Then to b | NO NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDI | TION GIVEN IN | PART Ira |
| hos been prior ene prior | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WEI IN CERTIFYING YES | RE FINDINGS USED CAUSES OF DEATH? |
| shysicio ificote f tronsit | 7 8 | 210. ACCIDENT WAS UNDERLYING | | ? Ic. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | | |
| ng ph certific certific entol | 1 Z | OR CONTRIBUTING CAUSE OF DE | | AY YEAR | | | |
| 12 × 05 5 | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 21f. LOCATION | | | |
| After the os the lith and orked | Z | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFICE, | FARM EIC) STREET | CITY OR TOWN | | OUNTY STATE |
| 0 0 0 E | | | oital) attended the deceased fram_ | 14 Aug 0 19 BG | 10 25 Au | 6 19 | 86 that (I) (Weltlast |
| portol for us of He | | saw the deceased alive a | n 75 A c 19 19 | 86, and that ir (my (our) opinion | death occurred on the date | and hour and | from the couses stated |
| ok A biREC ched ched Dept. | | 27h SECONTRE | ari view the body after death. | DEGREE | | | 22c. DATE SIGNED |
| 0 0 0 | | (tetutal) | and to | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | | AUGUST1286 |
| LERA De de | | THE PHYSICIAN'S NAME LIME | OR PRINCI) | 22e ADDRESS | _ DIRECTOR _ PHISICIA | 11/2 | 1900 |
| TO FUNERAL (should be deto with the Store [IMPORTANT; # | | PETER F. DEM | TTRY O | MALCOLM CI | ROW MEDICAL C | ENTER C | 20331_5300 |
| de 5 de 1 de 1 | 23a | BURIAL CREMATION REMOVA | | NAME OF CEMETERY OR CREMATORY | 123d LOCATION | ENIER Z | 0001-000 |
| BP | 1 | (SPECIFY) Burial | | Lington National Ce | CITY OF TOWN | cou | VA STATE |
| | | | Funeral Home, Inc | | TE DE CID DV DE CICED A DIAG | b. REGISTRAR'S | |
| DHMH - 16 60M 7/84 | 602 | Old Alexander | Formy Pond Clinto | Δ1 Δ1 Δ1 | IG 27 1986 J | ma Davide | SIGNATURE |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN DO THRE OF PRINT ESTI-DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEAR 2c DATE LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR ZOUNTY OF DEATH MARRIED NEVER MARRIED Knoxville, Md. U. S. A. WIDOWED -IS CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Plumbing Superintendant 13d. INSIDECITY LIMITS? 13e. STREET ADDRESS th St. Prince Geo Laurel 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Helen MIDDLE Roelkey Hightman Henry An WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 214-28-5934 W. W. Two Warren D. Roelkey, Knoxville, Md. 21758 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) MINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION 8-12-86 Frederick, Frederick, Mt. Olivet Cemetery Burial 24 FUNERAL DIRECTOR **DHMH - 17** John H. Bast, Jr. Rfd. Bx 7, Boonsboro, Md. (VR A15 ME (5))

Knoxville, Md. U. S. A.

Plumbing Superintendant

14800 4 th St. Apt. #340

Hightman Helen

214-28-5934 Warren D. Roelkey, Knoxville, Md. 21758

the contract of the second

W. W. Two

Jan 12-85 | Mo. Olivet Cempberv | Franchick, Frederick , Mil.

Henry Roelkey

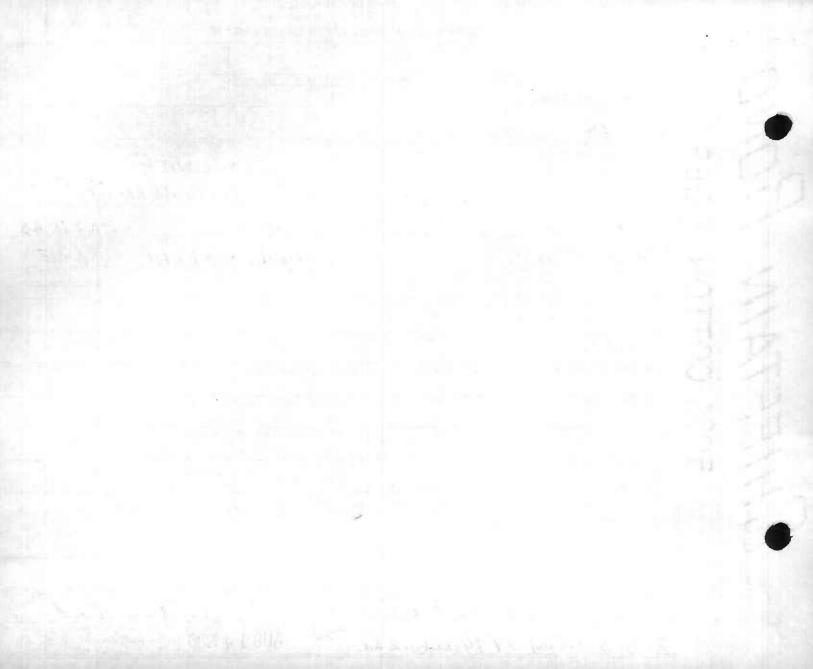
Maryland Prince Geo Laurel

David

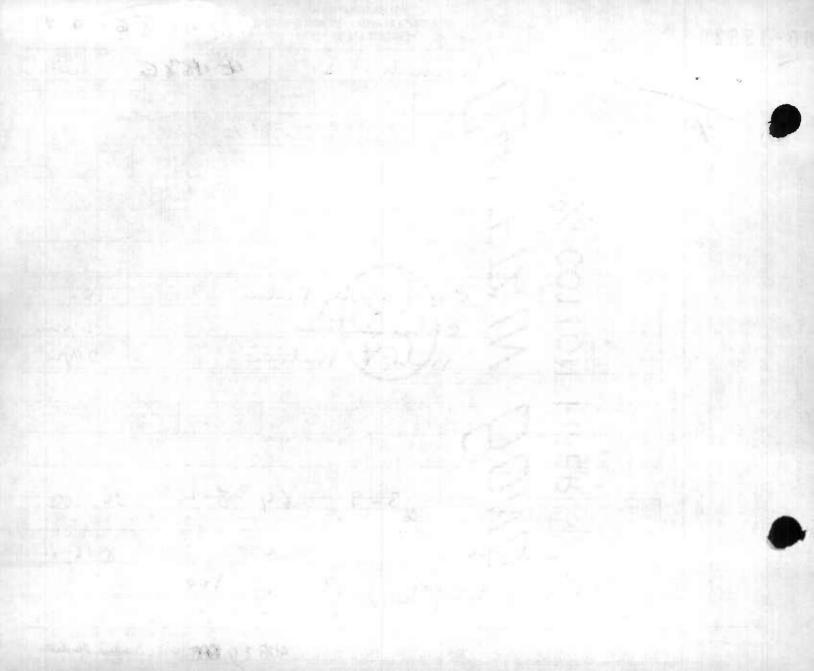
Tes

John E. Bers, Jr. 12 a. 11 Br. 7, Boonsporte, LL. Mar L. 1985 A. A. A. C.

| 1 received a report | Light 6 pe | er phone 9 | /3/86 DEF | STAT | | ARYLAND AND MENTAL | HYGIENE | 1 | , | a sul | 36 |
|--|--------------------------------------|---|--|--------------------------|---------------|---------------------------------|--|-----------------------|--------------|-------------|----------------|
| 11-15107 | REGISTRAR | | MEDIC | CAL EXAMINI | | | Total Annual Ann | REG. I | NO. | 3 0 | Q |
| 00 13131 | 1. DECEASED NAME | FIRST | Mil | DDLE | t | AST | 20 D | ATE KNOWN OF ESTI- | MONTH | DAY YEAR | 2b HOUR |
| EASE TOR. ILES. CEET, | 2 CEV 14 | LYDIA RACE S. D. | A TE OF DIRTY | | | BATH | DI | ATH MATED | □ 8 | 12 19 8 | 701 |
| 53. 5. S. | 6.10 | | ATE OF BIRTH | YEAR LAST BIRTHDAY | () MONTHS | DER 1 YR. IF UNDE | MIN. PROI | DATE | MONTH | DAY YEA | 1.22 |
| 84 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 70. BIRTHPLACE (STATE | OR 76. C | ITIZEN OF WHAT | COUNTRY? | | | 2000 | DEAD ALTIMORE CITY | OR COUNT | 12 1986 | P _M |
| San | BOLIVZA | 1. | Rolivzt | | WIDOWE | D NEVER MARI | RIED 🔲 | Prince G | _ | | itv " |
| | M, CITY OR TOWN OF | | IF NOT IN SUCH FACILITY | AL, NURSING HOME, | | | | CCUPATION (T | | 126 KIND OF | BUSINESS |
| APARA Z | Cheverly | 7 P | rince Geo | orge's Gen | | Hosp. | House | o wiF | <i>E</i> · | OK III DO. | JIK! |
| 1201 AANT COULD | Jo. STATE | 135 COUNTY | 113 | SIDENCE BEFORE ADMISSION | - 1 | 34 INSIDE CITY LIMITS? YES NO [| 130 STREET A | DDRESS | 008 | 24 18 | 5 |
| O TOTAL | 14. FATHER'S NAME | | | Hyuttsvi | - | 15. MOTHER'S MAID | EN NAME | PIUWTIC | IKIO Z |) , , | |
| 1 SEE 36 7 | EUSTA D. | | | BILBAD | | ENEZ.Q | uetA | MIDDLE | 5 | A Lin | JAS |
| BALTIMORE, MD. 21201 S AFTER DEATH, IF AND GIVERAGES, 2, AND THE FAMPEN, 3, BETS PAGES, AND 2 SPECUL WEIGN OF MARKET | (YES, NO OR UN JOWN | (IF YES, GIVE WAR OF | R DATES) | b. SOCIAL SECURITY | NO. | Fer Nan | Do . 5 A | -bath | | SAM | E. |
| | 18. CAUSE OF D PART I DEAT | EATH (Enter only and H WAS CAUSED BY: | | | | | | | , | | SET AND DEATH |
| PRESTON ST., THIN 24 COLI IN ITEM REALDS AER ALONS AER ALONS AL HYGIER REMOVA | 7 814 | MMEDIATE CA | 000 (0) | Multiple i | | Les | | | | | |
| PRESTOR THIN 24 CIL IN ITE VER ALON ANSIT PEI ALHYGIE REMOVA | | if ony, which | | | | | | | | 1000 | |
| W. MINE W. | | to immediate string the under- | DUE TO, OR AS | A CONSEQUENCE O | F | | | | | | |
| | | | (c) | | | | | | | | |
| ECORDS, 2 BE EXECU BE EXECU WEDIONG " BAS A BURL ALTH AND CREMATIO | | ICANT CONDITIONS <u>CONTRI</u> | BUTING TO DEATH BUT N | OT RELATED TO THE TERMIN | IAL OISEASE (| OR CONDITION GIVEN IN P | ART 1 to | | | | |
| HOULD HOULD HOULD WEE WEE WEE WEE WEE WEE WEEL OF HEARL, CENTRIAL, | 190. D'ATE OF OF | PERATION | 196. CONDITION | FOR WHICH OPERA | TION WA | S PERFORMED? | | | | 20 AUTOPS | Y? |
| WITH CHE CHE | H STEEN | ALIESTALAS | 1 | | | | | | | | NO 🗆 |
| DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" RRED TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BURE E DEPARTMENT OF HEALTH ANI OI PRIOR TO BURIAL, CREMATI | 210. EXTERNAL OUNDERLYING | | 116. TIME OF INJ HOUR ** MO 3:11p.m. 8 | ONTH DAY YEAR | | w Mijury occurr destrian s | | | | RT 2) | |
| VISIC CERTING TING 3 SH DEPA | 214 INJURY OCC | URRED | | VJURY (AT HOME. | 211. LOCA | ATION | | ORTOWN | | | |
| DI WRI WARE ATE | WHILE AT WORK | T WORK | road | | | 450 @ 76t | h, W. I | anham, P | rince | George | s's, MD |
| MINER: 1 TIFICATE, BE FORV ECTOR: P | 22a. I certify t death resulted t | hat I took/cha/ge af th rom: Hotulal cas | F/V | ed above, held on | Autopsy | Inspection | Undetermin | | ond in my op | inian | |
| THE CEX. HOULD HOULD AND DIR. MARK. | ACTUAL SIGNATURE | Chil | 1.40 | m | M.D | Assistar | nt MEDICAL | XAMINER | DATE | 8-14 | -86 |
| TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD IN AFTER DEATH, BALLIMORE, MAR | EXAMINER'S NA (TYPE OR PRINT) | | s P. Koke | es, M.D. | AI | DDRESS111 | Penn St | ., Balto | ., MD | 21201 | |
| 07/84 BP | (SPECIFY) | N, REMOVAL 236 DA | 15-86. | CedAR | 4 4 | CREMATORY | 23d. LOCATI | Hand | Mary | land | STATE |
| 25M DHMH - 17 | 24 FUNERAL DIRECTO | R | ADDRESS | | Luck | 250. DATE | REC'D. BY REG | STRAR 25 REC | SISTBAR'S S | GNATURE | 172 |
| (VR A15 ME (5)) | 2. R. 7. | enkins. | 74741 | wokwer R | d. | AU | 61419 | 86 Julia | inthight | | • 60 |



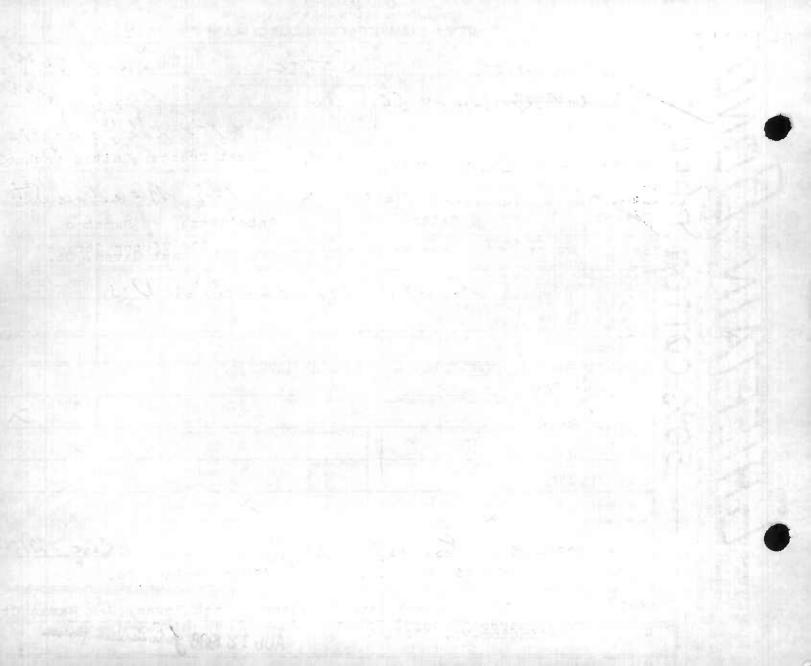
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH Sacchetti DECEASED NAME Peter TYPE OR PRINTS 2100 elen Louis AGE LIN YEARS LAST BIRTHDAY 4. RACE 5. DATE OF BIRTH IF LINDER I VEAR L-SEX NOV. 1924 Male Caucasian 61 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Prince Georges Pennsylvania DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Brandywine (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Bricklaver Construction 7504 Berry Street WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 7504 Berry Street / 20613 Marvland Pr. Geo. Brandywine YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Louis Sacchetti Louise Ledonna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) 577-28-0200 Alice D. Sacchetti same as NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ander les IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF A underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram_ and that in (my) aur) apinian death accurred an the date and haur and from the causes stated abave (D(we) (did) did not) view the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATOR 230 BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION Md. Burial Waldorf Charles 8-20-86 St. Peters 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE P. O. Box 156 DHMH - 16 60M 7/84 Gillie Deviden Andall HUNTT HOME, Waldorf, Md. 20601 (VRA 15, 4) FUNERAL



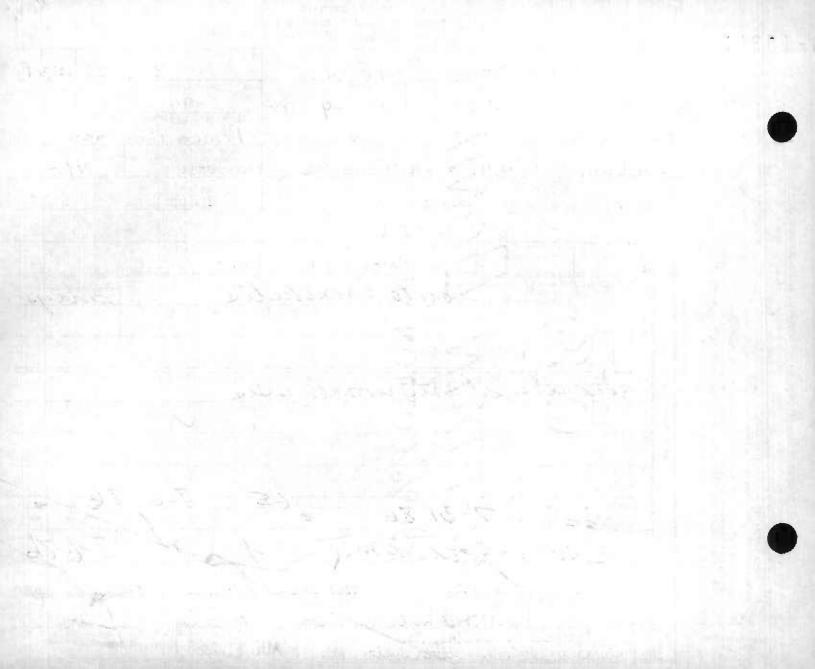
| | | | | | | DF MARYLAND | | | | 3 | |
|--|-----------------------|--|--|------------------------|---|--|---|---|--|--|---------------------------------|
| 5 2 / 6 | 1. | FOR STATE REGISTRAR | | DEPAR | | ALTH AND MEI | 4 | 5 6 REG. N | 2 3 | 9 3 | |
| 1310 | | CEASED NAME FIRE | RS1 | MIDDLE | LAS | 1 | 20 | DATE OF DEATH | MONTH DA | Y YEAR | 26. HOUR |
| 1 kg | X | J | OHN | W. | SEL | LNER | 2 | | 8.20 | 11886 | 10 8 |
| 1 4 | 3,58 | | 4 RACE | | 5. DATE OF | DAY | YEAR | AGE (IN YEARS LAST BIR | THDAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| P | 1 | Male | Cauc. | Wind to | 10 | 16 1 | 1894 | 91 | YRS | | |
| 1 30 | 1000 | IRTHPLACE (STATE OR FOREK | 76 CITIZEN OF | WHAT COUNTRY | 7? 8 MARRIED WIDOWED | NEVER MAR | RRIED 7 | BALTIMORE CITY O | - // | or Bc | ·c Ci |
| 1 | 97 | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURS | | | ITION 12 | USUAL OCCUPATION OF OF WORK FOR MOST OF | ON | | F BUSINESS O |
| 1 | PΘ | CHNTON | So | IllAry | LAND | Hos | | Retired | · · | Farmi | ng |
| 也 | 13n | AL RESIDENCE (IF NURSING H STATE Aryland Pi | HOME OR OTHER INSTITUTION COUNTY COUNTY | 131 CITY OR TO | | 38. INSIDE CITY | LIMITS? 13 | STREET ADDRESS | ZIP CODE | Rd. 207 | 1717 |
| 17 | ALE. | ATHER'S NAME | WIDDLE | LAST | 1 | 5. MOTHER'S M | | MIDDLE | | LAST | |
| 1/20 | V | George | A. | Selli | ner | Ada | | | | Ther | |
| 7 9/ | | WAS DECEASED EVER IN U | U.S. ARMED FORCES? FYES, GIVE WAR OR DATES) | 166 SOCIAL SEC | | 7 INFORMANT | | ADDRE | | | Md. |
| 2 4 | | 10 | | 577-26- | -4621 | Erma G. | Mille | r 10306 P | scataw | | Clint |
| 1000 | | 18 CAUSE OF DEATH (E. PART I. DEATH WAS | nter anly ane cause per | r line far (a), (b), o | and (c).) | | | | | APPROXIV BETWEEN C | MATE INTERVAL ONSET AND DEAT |
| 佐き 事 | 18 | | CAUSED BY: MEDIATE CAUSE (0) | (PRAh) | en) Ho | MURRA | 18- | | | 60 | A1/5 |
| 9413 | | | | | | | | | | | |
| 0.00 | | Candida If | | R AS A CONSEQ | UENCE OF | | | | | | |
| E E E E | | Conditions, if any, wh | hich (b) | | | | | | | | |
| 0 0 0 0 | | | | - | | | | | | | |
| cremot her tro | | gove rise to immedia cause (a), stating | iote) | DR AS A CONSEQ | UENCE OF | | | | | | |
| d by the or dease remoti of other tra | | gove rise to immedicause (a), stating underlying cause lo | the DUE TO, O | | | | | | | | |
| er please remains by the a please remains by the please remains the pl | z | gove rise to immedia cause (a), stating | the DUE TO, O | | | OT RELATED TO | THE TERMINA | AL DISEASE OR CON | DITION GIVE | N IN PART Yes | D' |
| nen signed by the or it. Then please remain for to burial, cremain by injury, or other ma | KTION | gove rise to immedicause (a), stating underlying cause to PART 2 OTHER SIGNIFIC | the DUE TO, O | ONTRIBUTING TO | O DEATH BUT N | | | | | | |
| e prior to buriol, cremon ri prior to buriol, cremon ri any injury, or other tra | FICATION | gove rise to immedicause (a), stating underlying cause lo | the DUE TO, O | | O DEATH BUT N | | | 20a AUTOPSY? | 20b. IF YES, | WERE FINDIN | IGS USED OF DEATH? |
| sit permit. Then please remaingness prior to borrol, cremain shows any injury, or other tra | RTIFICATION | gove rise to immedicause (a), stating underlying cause le PART 2 OTHER SIGNIFIC | iote the due to, o dust. (c) | ONTRIBUTING TO | O DEATH BUT N | WAS PERFORM | ÆD | 20a AUTOPSY? YES NO | 20b. IF YES, IN CERTIFYI | WERE FINDINING CAUSES | IGS USED |
| transit permit. Then please remo Hyginine prior to burlol, creman 18 shows prey mjury, or other tra | CERTIFICAT | gove rise to immedia cause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION | iote the due to, o dast. (c) CANT CONDITIONS CO 196. COND YING 216. TIME C | ONTRIBUTING TO | O DEATH BUT N | WAS PERFORM | ÆD | 20a AUTOPSY? | 20b. IF YES, IN CERTIFYI | WERE FINDINING CAUSES | IGS USED OF DEATH? |
| oil framist permit. Next please emo | CERTIFICAT | gove rise to immedicause (a), stating underlying cause le PART 2 OTHER SIGNIFIC | iote the DUE TO, O dost. (c) CANT CONDITIONS C N 196 COND YING 1216 TIME C HOUR A | ONTRIBUTING TO | O DEATH BUT N | WAS PERFORM | ÆD | 20a AUTOPSY? YES NO | 20b. IF YES, IN CERTIFYI | WERE FINDINING CAUSES | IGS USED OF DEATH? |
| Burdel-transit permit. Then please remo Membi Hyginin prior to burtol, cremat p. Inm. 18 shows any injury, or other tra | CERTIFICAT | gove rise to immedia cause (a), stating underlying cause to part 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI | iote the due to, o dost. (c) | ONTRIBUTING TO | D DEATH BUT N CH OPERATION DAY YEAR 19 | WAS PERFORM 21c. HOW INJUI | ÆD | 200 AUTOPSY? YES NO 1 | 20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR | WERE FINDIN ING CAUSES | IGS USED OF DEATH? NO |
| the burial-transit permit. Then please remo and Mental Hygining grow to burial, creman leader than 18 shows any injury, or other tra | MEDICAL CERTIFICATION | gove rise to immedia cause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED NOTIFY MEDICALE NOTIFY | iote the DUE TO, O dost. (c) CANT CONDITIONS C VING 19b. COND VING 19b. TIME C HOUR A HOUR A 12b. TIME C HOUR A 12c. PLACE 12d. P | ONTRIBUTING TO | D DEATH BUT N CH OPERATION DAY YEAR 19 | WAS PERFORM | ÆD | 20a AUTOPSY? YES NO | 20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR | WERE FINDINING CAUSES | IGS USED OF DEATH? |
| a so the buttel-training permit. Then photose remo oth and Mental Hygines prior to burtal, creman marked or tern 18 shows any injury, or other tra | CERTIFICAT | gove rise to immedia cause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# EITHER, NOTIFY MEDICALE) 10 INJURY OCCURRENT NOTIFY MEDICALE AL WORK | iote the due to, o dast. (c) CANT CONDITIONS C. N 196. COND YING 196. TIME C HOUR A EXAMINER) 216. PLACE (AT HOME, ST | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) | WAS PERFORM 21c. HOW INJUI 211. LOCATION STREET | RY OCCURRED | 200 AUTOPSY? YES NO 1 | 20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR | WERE FINDING CAUSES TO PART 2) COUNTY | IGS USED OF DEATH? NO |
| or use as the buckli-transit permit. Then please remo f Health and Mental Hyginine prior to buriol, cremat I is marked or their 18 shows any injury, or other tra | CERTIFICAT | gove rise to immedia cause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# EITHER, NOTIFY MEDICAL EI 21d IN JURY OCCURRED AT WORK 22a.1 certify that (1) (Aher sow the deceased of | CANT CONDITIONS C 19b. COND VING 19b. COND | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) | WAS PERFORM 21c. HOW INJUI 21l. LOCATION STREET | RY OCCURRED | 200 AUTOPSY? YES NO TO NO TO NOTE OF INJUITY OR TO | 20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR | WERE FINDING CAUSES IT I OR PART 2) COUNTY | OF DEATH? NO STATE |
| of for use as the buside teams permit. Near please remont of Health and Mental Hygiene proc to buside, creman in 21 is marked as them 18 shows any injury, or other tra | CERTIFICAT | gove rise to immedicate (a), stating underlying cause le part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# ETIMER, NOTIFY MEDICAL EXAMPLE AT WORK 22a. 1 certify that (1) (4 has saw the deceased a above, (1) (west-folia). | CANT CONDITIONS CONTINUE CONTI | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) | WAS PERFORM 21c. HOW INJUI 211 LOCATION STREET that in (my) (ex | RY OCCURRED | 200 AUTOPSY? YES NO 1 | 20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR | WERE FINDING CAUSES TO OR PART 2) COUNTY | STATE |
| sched for use or the bursel-transit permit. Then please remo Dept. of Health and Mental Hyginine prior to bursal, creman I hem 21 is marked or hem 18 shows any injury, or other tra | CERTIFICAT | gove rise to immedia cause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# EITHER, NOTIFY MEDICAL EI 21d IN JURY OCCURRED AT WORK 22a.1 certify that (1) (Aher sow the deceased of | CANT CONDITIONS C 19b. COND VING 19b. COND | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) | WAS PERFORM 21c. HOW INJUI 211 LOCATION STREET that in (my) (exercise) | RY OCCURRED | 200 AUTOPSY? YES NO CITY OR IC CITY OR IC th accurred an the d | 20b. IF YES, IN CERTIFYIN YES WN 19 19 | WERE FINDING CAUSES IT I OR PART 2) COUNTY | STATE |
| detached for use as the build-transit permit. Then please remo one Dept. of Health and Mental Hyginine prior to buriol, cremon if: if them 21 is marked or them 18 shows any injury, or other tra | CERTIFICAT | gove rise to immedia cause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (#FEITHER, NOTIFY MEDICAL EI 21d INJURY OCCURRED AL WORK 22a.1 certify that (1) (4hm sow the deceased a abave, (1) (wet (did)) 22b. SIGNATURE | CANT CONDITIONS C VING 19b. COND VING 19b. COND VING 14b. TIME C HOUR A HOUR A EXAMINER) 21b. PLACE (AT HOME, ST Charles on 16b. COND VING 19b. COND VIN | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) DE | 211. LOCATION STREET that in (my) (execution of the control of th | RY OCCURRED 19 26 w) opinian dea | 200 AUTOPSY? YES NO TO NO TO NOTE OF INJUITY OR TO | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR WN | WERE FINDING CAUSES TO OR PART 2) COUNTY | STATE |
| be detached for use as the businetermit permit. Near please remo e State Dept. of Health and Mental Hygieine proc its busini, creman TAME if Nem 21 is marked as them 18 shows any injury, or other tra | CERTIFICAT | gove rise to immedicate (a), stating underlying cause le part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# ETIMER, NOTIFY MEDICAL EXAMPLE AT WORK 22a. 1 certify that (1) (4 has saw the deceased a above, (1) (west-folia). | CANT CONDITIONS C VING 19b. COND VING 19b. COND VING 14b. TIME C HOUR A HOUR A EXAMINER) 21b. PLACE (AT HOME, ST Charles on 16b. COND VING 19b. COND VIN | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) DE | WAS PERFORM 21c. HOW INJUI 211 LOCATION STREET that in (my) (exercises) | RY OCCURRED 19 26 w) opinian dea | 200 AUTOPSY? YES NO CITY OR TO CITY OR TO th accurred an the d | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR WN | WERE FINDING CAUSES TO OR PART 2) COUNTY | IGS USED OF DEATH? NO STATE |
| ould be detached for use as the build-framilipermit. Then please remo- if the State Dept of Health and Merital Hygiene proof is buriol, creman PORTANT, if teen 21 is marked to them 15 shows any injury, or other tra- | CERTIFICAT | gove rise to immedia cause (a), stating underlying cause le PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (#FEITHER, NOTIFY MEDICAL EI 21d INJURY OCCURRED AL WORK 22a.1 certify that (1) (4hm sow the deceased a abave, (1) (wet (did)) 22b. SIGNATURE | CANT CONDITIONS C. CANT CONDITIONS C. VING 196 COND VING 196 CO | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) DE | 211. LOCATION STREET that in (my) (execution of the control of th | RY OCCURRED 19 26 19 26 19 26 19 27 19 27 19 27 19 28 19 | 200 AUTOPSY? YES NO CITY OR TO CITY OR TO th accurred an the d | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR WN | COUNTY 221. DATE. | STATE |
| should be detached for use or the build-tramitipermit. Then please remo- with the State Dept of Health and Merital Hyginine prior to buriol, creman MPORTANT, if feet 21 is marked or frem 15 shows any injury, or other tra | MEDICAL CERTIFICAT | gove rise to immedicate (a), stating underlying cause let (b) and the cause let (cause l | CANT CONDITIONS C. N 196 COND YING 216 TIME C HOUR A EXAMINER) P CANTONIO attended the standard of the st | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) | 21c. HOW INJUI 211 LOCATION STREET that in (my) (exercise ATTI PHY 22e ADDRESS | RY OCCURRED 19 26 19 26 19 216 20 216 20 | 200 AUTOPSY? YES NO CITY OR TO CITY OR TO th accurred an the d MEDICAL STA DIRECTOR PHYSIC (N) S 70 N | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR WN ate and have of the second of the | COUNTY 221. DATE. | STATE |
| should be detached for use as the build-training permit. Then please remo- with the State Dept. of Health and Merital Hyginine prior is buriol, creman MPORTANT. If leen 21 is marked as them 18 shows any injury, or other tra | MEDICAL CERTIFICAT | gove rise to immedicate (a), stating underlying cause le part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING AUSILIE ALSO AUSTLE AUSTL | CANT CONDITIONS C. N 196 COND YING 216 TIME C HOUR A EXAMINER) P CANTONIO attended the standard of the st | ONTRIBUTING TO | DAY YEAR 19 E. FARM, ETC.) O DEATH BUT N O DEATH BUT N | 21c. HOW INJUI 21l. LOCATION STREET that in (my) (eee | RY OCCURRED 19 26 W) opinian dea ENDING V(SICIAN PC | 200 AUTOPSY? YES NO CITY OR TO CITY OR TO th accurred an the d MEDICAL STA DIRECTOR PHYSIC | 20b. IF YES, IN CERTIFYIN YES WN Ten and haur of the and hau | COUNTY 221. DATE. | STATE |

ALICY of merchants will be a company of the company TT-11-121 com as Willes 1030b P mentumpede. Chiefton that a maker of the exemptal and term (111), bear well Sta Sta and a second of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF BEATS REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED AGE (IN YEARS | IF UNDER 1 IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR MARRIED NEVER MARRIED Connecticut USA 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Treater-United 13bNeWTY Haven 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Joseph 15. MOTHER'S MAIDEN NAME Sette Antoinette Damateo 134 Victor Street East Haven, Ct. 16b SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Y COO OR UNKNOWN) 049 03 0097fleana Delucia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line tap(a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 718 PLACE OF INJURY LATHOME. 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Inspection Autopsy Inquiry and in my apinian Natural causes Undetermined manner Accident Hamicide L TITLE (SPECIFY) SIGNATUR John Ragers, M.D. Silver Spring, EXAMINER'S NAME (TYPE OR PRINT) 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE Burral 8-12-86 East Lawn Cemetery East Haven, New Haven, Ct 74 FUNERAL DIRECTOR IVES Pearson Funeral Homes 250. DATE REC'D. BY REGISTRAR DE REGISTRAR'S SIGNATURE (VR A15 ME (5))



| 1 | | | | | | OF MARYLAND | | | | | |
|---------|----------------------------|--|---------------|-----------------|-----------------|----------------------------------|--------------|----------------------------|--------------------|----------------|----------------------------------|
| 7 | FOR STATE REGISTRAR | | | DEPA | | EALTH AND MENTA CATE OF DEATH | 21.00 | REG. NO | 2 3 | 0 4 | 3 |
| | DECEASED NAME | FIRST | | MIDDLE | 0 | AST | 20. D | ATE OF DEATH | MONTH DAY | YEAR | 26. HOUR |
| 100 | | MAYY | Ther | iesa | Seyl | -ord | | | 86 | 86 | 12:30 FA |
| 3 | SEX | 4 | RACE | | 5. DATE C | | | E (IN YEARS LAST BIRT | HDAY) IF I | UNDER I YEAR | IF UNDER 24 HRS |
| 15 | Temal | 2 | W | rite | 10 | | 186 | 90 | YRS. | | |
| 149 | | | L CITIZEN OF | WHAT COUNTR | Y? 8 | NEVER MARRIE | 9 BA | LTIMORE CITY O | R COUNTY OF | FDEATH | |
| 2/ | Vew York | NV. | 4 | SA | WIDOWE | DIVORCE | D 🔲 | Prince | Geo | rzes | ME S |
| 10/1 | CITY OR TOWN | F DEATH | 1. NAME OF | HOSPITAL, NUR | | R OTHER INSTITUTIO | | JSUAL OCCUPATION | | 12h KIND OF | BUSINESS OR |
| たり | Adehp. | 11 | Hill | have | N. Nurs | ing Home | | omemaker | | N | A |
| 96 | JSUAL RESIDENCE (Ja STATE | IF NURSING HOME OR O 13b. COUNT Montac | TY | 13c. CITY OR TO | | 134. INSIDE CITY LIM | | STREET ADDRESS | n lano | | 20901 |
| | Maryland FATHER'S NAME | | | Suver | Sprang | 15. MOTHER'S MAID | | or made | it Luite | | 20701 |
| 6/1 | FIRST | | IDDLE | BLANC) | hard | FIRST Mari | ,, | MIDDLE | A | MacAte | 0 |
| 37 | charle to WAS DECEASED | | NED FORCES? | 166 SOCIAL SE | | 17 INFORMANT | 9 | ADDRE | | naco veel | |
| - Sedi | NO OR UNKNOV | (IF YES, GIVE | WAR OR DATES) | 578-18 | -65080 | William B | Soul | and The C | the monde of | | 12 |
| (P) | | DEATH (Enter only | One couse ne | | | / | | | <i>ranaso</i> | APPROXIM | MATE INTERVAL NISET AND DEATH |
| vent, | PART I. DEA | TH WAS CAUSED | BY: | acu | tel | roxce | ute | 4) | | 30 | laus |
| tic e | | IMMEDIATE | | D AC A CONCE | OHENCE OF | | | | | - 11- | 1 |
| troumor | Conditions, if | ony, which | DUE TO, C | OR AS A CONSEC | JUENCE OF | | | | | | |
| er fro | gove rise to | immediate | DUETO | OR AS A CONSEC | DUENCE OF | H 112 | 7.11 | pa III | | | |
| or othe | underlying | | (c) | AS A CONSEC | 20EIACE OF | | | | | | |
| 7, 0 | | SIGNIFICANT | MOITIONS C | ON PIBUTING T | O DEATH BUT | NOT RELATED TO TH | E TERMINAL | DISEASE OR CON | DITION GIVEN | IN PART 1(o | 1 |
| ini | 210. ACCIDENT W | ceral | uge | san | eres | sele | 2006 | W . | | | |
| ouy | MI 190 ATE OF O | PERATION | HIB. CONE | DITION FOR WHI | CH OPERATIO | WAS PERFORMED | 20 | o. AUTOPSY? | | VERE FINDING | |
| Show T | ar I | | | | | | | S NO | YES [| | NO 🗆 |
| | OR CONTRIBUTION | AS UNDERLYING CAUSE OF DEATH | 11.00.110.0 | OF INJURY | DAY YEAR | 21c. HOW INJURY C | OCCURRED (| ENTER NATURE OF INJUR | RY IN ITEM 18 PART | 1 OR PART 2) | |
| Hem / | (IF EITHER NOTH | Y MEDICAL EXAMINER) | P | P.M. | 19 | | | | | | |
| orkedor | 21d. INJURY O | | | OF INJURY | CE, FARM, ETC) | 211. LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
| | WHILE AT WORK | AT WORK | | | | | 1 | 0 | , | 01 | |
| | | ot (I) (this hospito | 4 | 1 1 | 47/ | . 19_ | 63. | 0_0- | -6 19 | 06,1 | not (I) ton |
| 124 | sow the d above, (I) | eceased alive on (did not) | view the body | y ofter death. | | d that in (my) | pinion deoth | occurred on the do | ite and hour o | nd from the co | ouses stated |
| Hea | 226. SIGNATUR | - 1 | | B | | DEGREE | | SICAL STAT | - | 22 DATES | IGNED |
| AN AN | K | 2/6 | reg | All | Ole 1 | | CIAN DIR | DICAL STAF | IAN | 8-6 | 200 |
| ORTAN | 22d. PHYSICIAN | S N'AME (TYPE OR | PRINT) | | | 22e ADDRESS | | | Marine. | | |
| O N | George | F. Sena | stack. | M.D. | | 9241 Col | mbia F | Rud Sil | uer Spr | ino_1 | Ad 2091 |
| 5 2 | 3a. BURIAL, CREMAT | | 23b. DATE | | C NAME OF C | EMETERY OR CREMA | | d LOCATION CITY OR TOWN | | OUNTY | STATE |
| _ | Burial | | Aug. 11 | .1986 A | rlingto | n National | e A | vilington | | Vi | rginia |
| /80 | 4 FUNERAL DIRECT | or Francis | J. Co | ellins | Jr. | 2 | 50. DATE REC | D BY BECICTBAD | 256 REGISTRA | DIC CACALATA | IDE |
| | EAA Illain | beite DE | and In | Cilua | y Cutin | o Md | AUG 1 | 1 3 1986 | julia Dav | 14000 | |



Carry market south attendance in the STEEL ON A buleaux he requested in the problem are not AND 13 NEW PROPERTY

| 1 | | | | | STATE OF MARYLAND | | 4.4 | | | | |
|--|---------------|---|----------------------------------|--------------------------|---------------------------------------|---------------------------|-----------------|----------------------|--------------------|--|--|
| | 1. | FOR STATE | | DEPARTA | AENT OF HEALTH AND MENTAL | HYGIENE | 2 3 | (1) | 2) | | |
| 10-16694 | | REGISTRAR | | | CERTIFICATE OF DEATH | REC | G. NO. | | 4 | | |
| | | EASED NAME FIRST | ٨ | AIDDLE | LAST | 2a. DATE OF DEAT | H MONTH | DAY YEAR | 26. HOUR | | |
| ay be age 3 death | 1 | Shu Hs | uan | Y | SHEN | August | 22 | 1986 | 8:39A M | | |
| mo) | 3. SEX | | 4. RACE | 11 | S. DATE OF BIRTH | 6 AGE IN YEARS LA | | IF UNDER I YEAR | HOURS MIN. | | |
| 9 12 11 | - | remale | Chine | se 7 | July 16, 1912 | 74 | AT AT | | | | |
| P 4 4 2 | | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | MARRIED NEVER MARRIED | 9. BALTIMORE CI | _ | | | | |
| 40 47 | | China | Chin | | WIDOWED DIVORCED | Prince | George | | MD. | | |
| | 10. CI | Y OR TOWN OF DEATH | | OSPITAL, NURSIN | IG HOME OR OTHER INSTITUTION ADDRESS) | 120 USUAL OCCU | | | BUSINESS OR | | |
| E soft | | anham | Doctor | s' Hospit | al of Pr. Geo. | Co Personne | el . | Bar | nking | | |
| 212 | 130. S | L RESIDENCE (IF NURSING HOME TATE 136 COI | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) N 13d. INSIDE CITY LIMIT | S? 13e STREET ADDRE | SS / ZIP CODE | 20 | 7/2- | | |
| AND 24 | | Md. Pr | . Geo. | Bowie | YES 🕅 NO 🗌 | 13306 | Global | Street | E/O | | |
| BYL BYL | 14. FA | THER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER'S MAIDE | MIDC | LE | LAST | | | |
| W P A/10/ | | | un | Yeh | Shui | Ying | | | | | |
| BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion on complete that in bi yopers. Pag wolf the medical | | AS DECEASED EVER IN U.S. A | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECU | aug. | | | | oal St. | | |
| S. Po | | No | | 130-60 | -2482 Alice Sh | en Jao | Bowie | , Md. | | | |
| BAL cote oper wol. nt, th | | 18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS | anly ane cause per | line for (a), (b), on | dien + | 1 . 1 | | BETWEEN | MATE INTERVAL | | |
| ST., errific g ph sonp remo | | | ATE CAUSE (a) | Rea | paraliny y | aime | | (| + days | | |
| on the corbin corbin or notice | | | DUE TO, OF | R AS A CONSEQU | NCE OF | | | / | 1 day | | |
| deo deo otte | | Canditions, if any, which | (b) | phec | monia | | | | + | | |
| W. PRESTON of the death of y the attending the remove contraction, or other traumation, or | 13 | couse (a), stating the underlying cause last. | DUE TO, OF | RASACONSEOU | | ive lung | D'CAL | 4 | 1 12 4 4 | | |
| 201 V se that ned by please urial, c | 16 | PART 2 OTHER SIGNIFICAN | (c) | | | TERMINAL/DISEASE OR | V1 789 | EN IN PART 1 (c | Jean | | |
| | Z | PART 2 OTHER SIGNIFICAN | MOUSE | NI KIBUTING TO | DEATH BUT NOT RELATED TO THE | 1 | 100 la | AL | | | |
| w rec | ATIC | 190 DATE OF OPERATION | | TION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? | | , WERE FINDIN | | | |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r offending physician. Wer this certificate has been signost the burial-transit permit. Then hand Mental Hygene prior to be the and Mental Hygene prior to be orked or Item 18 stores any injury | CERTIFICATION | | | | V | YES TO NOT | | YING CAUSES | OF DEATH? | | |
| VITA N. Th ysicio cote l cote l Hygiel Hygiel | ERT | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME O | | 21c. HOW INJURY OF | CCURRED (ENTER NATURE O | - | | | | |
| OF CLAN | | OR CONTRIBUTING CAUSE OF I | JE KITTI | | AY YEAR | | | | | | |
| ON C | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | 21f. LOCATION | CHIV | OR TOWN | COUNTY | STATE | | |
| VISI O PI Otter ord s the | × | WHILE NOT WHILE | (AT HOME, STR | REET, FACTORY, OFFICE, F | ARM, ETC) SINEE! | 1 | p/ | | 017.12 | | |
| DIN Or Se o | | 220 I certify that (I) (this has | spital) attended the | e deceased from_ | 0/20 195 | P G | 0/22 | 1926 | that (I) (we) last | | |
| TTEN pital TOR TOR for u | | saw the deceased alive abave, (1) (we) (did) (did | on S | atter death | and that in (my) (our) ap | union death accurred an t | he date and hou | r and from the | causes stated | | |
| OR A bolkEd block of them | | 22b. SIGNATURE | | 1 1 | DEGREE | 1/ | | 22c. DATE | SIGNED | | |
| AL O AL District Dist | | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN BAZING | | | | | | | | | |
| d by | | 22d. PHYSICIAN'S NAME | 1 | | 22e. ADDRESS | .02 1 | 11 | / | 22/722 | | |
| TO HOSPITAL retoined by the retoined by the should be detoined by should be detoined by the Store with the Stor | | TUNG | PI LE | E,M | D 7411 Rig | isp Kend, | 1-1499-11 | svill> | MIDI | | |
| Open Open Market | 23a. 8 | URIAL, CREMATION, REMOV. | AL 236. DATE | 23c | NAME OF CEMETERY OR CREMAT | ORY 23d. LOCATION | VN. U | COUNTY | STATE | | |
| BP | C | remation | 8/25/ | 86 | Lee Crematory | | ningtor | | | | |
| DHMH - 16 60M 7/B4 | 24 FL | NAME RENDON /F | iale Lar | ham ADDRESS | neral Home | ALIC O O 1 | RAR 256 REGIST | RAR'S SIGNAT | URE. | | |
| (VRA 15, 4) | | NAME Rendon/H 9013 Ann | apolis | Rd. Lan | ham, Md. | AUG 281 | 200 4 | The second stations, | | | |

The passenger control of the control THE THE PARTY OF T

| 1500 | ``. | 1- | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 6 REG. NO. | 23090 | , |
|--|-------------------------|---------------|--|---------------------------------------|---|---|---|----------------|
| 1333 | 6 | | EASED NAME FIRST | MIDDLE | LAST | 26 DATE OF DEATH MO | NTH DAY YEAR 26. HC | OUR |
| ogh ogh | | (TYPE | Rodney | | SHOMETTE | August 6, 19 | 186 5:2 | 2.5E |
| poge er deoi | | 3 SE) | | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDA | | _ |
| rector, ors aft | . 44 | | nale | white | march 31 1919 | 67 | YRS HOURS | 1 |
| eath. Por | 8/ | da Bi | OUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | Prince Ge | | |
| ofter de | | 5 _ | TY OR TOWN OF DEATH | LIE NOT IN SUCH EACHITY GIVE STRE | ING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | ORKING LIFE) INDUSTRY | NESS |
| in by |) 2 | | Anham L RESIDENCE LIF NURSING HOME OR | | | BEH - SUBJET | | 02 |
| filled in | 35 | 139 | laylord A | | YES NO Z | 13 STREET ADDRESS / Z | POUR 1 207 | 11 |
| 4 within | 1821 | MIFA | THER'S NAME | MIDDLE Shows | 15 MOTHER'S MATDEN N | AME | Grots | |
| 95 G/G | 0 | 16a.N | AS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOCIAL SEC | CURITY NO. 17 INFORMANT | ADDRESS | CARTE | - |
| n and Page | Jed J | 10 | | WAR OR DATES) 579 10 | 3154 Bertha F | Shomete S | are cotto | 2 |
| sicro pers | (Z) | | 18 CAUSE OF DEATH (Enter on | ly one cause per line for (a), (b), o | and (c).) | 5 / | APPROXIMATE IN | TERVA ND DE |
| phy phy emay | o ^ e | | PART I. DEATH WAS CAUSE | ECAUSE (a) acute | Kespiralory | tailure | | |
| ding arba | o pic | | | DUE TO, OR AS A CONSEO | UENCE OF Primary | ung Risease | "Emplysema | |
| deat iffen ive c | 500 | | Conditions, if ony, which | ((b) A & | cores inte | white to | ctores | |
| by the o | ather tro | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEO Septicema | UENCE OF | neumonia Bi w/extensive | | ıs |
| es th | io. | - 1 | PART 2 OTHER SIGNIFICANT (| ONDITIONS CONTRIBUTING TO | O DEATH BUT NOT RELATED TO THE TER | LOCK | | _ |
| significant to b | nju | NO | | Emphysema | | | | |
| e law re nn. has beer permit | ws any | CERTIFICATION | 190 DATE OF OPERATION | | H OPERATION WAS PERFORMED | | Ob. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE YES NO | ATH? |
| N. Th nysicio icote icote ransit Hygie | 80 | 1 | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | IRRED (ENTER NATURE OF INJURY IN | | |
| phy phy ruffic plant for the following the f | ES | | OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | | | |
| IYSK ding ding s ce buric Men | i He | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211. LOCATION | | COUNTY | STAT |
| | pa | ¥ | WHILE ON NOT WHILE O | (AT HOME STREET, FACTORY, OFFIC | E, FARM, ETC) STREET | CITY OR TOWN | COUNTY | STAT |
| 무 등 부 의 전 | mort | | | tal) attended the deceased from | Quely 3 10 8 | 6 aug t | 10 8 6 that (1) | (we |
| ING PH r atten after th as the lth and | | | | t) view the kody after death. | 1 80 / 0 | n death occurred on he date | and hour and from the causes | state |
| ING PH r atten after th as the lth and | - 2 | | | t) view the body after death. | DEGREE | | 22c, DATE SIGNE | |
| ATTENDING PL aspital ar atten ECTOR: After the d for use as the in of Health and | ım 21 is | | 22h SICNIATURE | | | | | |
| ING PH r atten after th as the lth and | ff frem 21 is | | 22b. SIGNATURE | | ATTENDING | MEDICALSTAFF | - Que 7 | -0 |
| TAL OR ATTENDING PHy the haspital or attendant RAL DIRECTOR: After the detached for use as the late Dept. of Health and | NT. # Hem 21 is | | thee Lla | S B B DINT | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAL | | -8 |
| OSPITAL OR ATTENDING PROBLEM by the hospital or other united by the hospital or other the deel oched for use as the interpretation of health on the sorie Deep, of health on the sories of the interpretation of the other or the sories of the interpretation of the other or the sories of the interpretation of the other or the other | PORTANT: # Hem 21 is | | The LLA 22d PHYSICIAN'S NAME (TYPE O | LeeLlacer, M.D | ATTENDING PHYSICIAN 22e ADDRESS DOC | DIRECTOR PHYSICIAL | of Pr. Geo. C | -8 |
| off at the hospital or offer by the hospital or offer the ERAL DIRECTOR: After the defacthed for use as the 3 State Desi, of Health and | PRT / | 23a. E | The LLA 22d PHYSICIAN'S NAME (TYPE O | LeeLlacer, M.D | ATTENDING PHYSICIAN 22e ADDRESS DOC | ors Hospital cance Ave., C1 | of Pr. Geo. C | -8 20. |
| OSPITAL OR ATTENDING PROBLEM by the hospital or other united by the hospital or other the deel oched for use as the interpretation of health on the sorie Deep, of health on the sories of the interpretation of the other or the sories of the interpretation of the other or the sories of the interpretation of the other or the other | IMPORTANT: # frem 21 is | 230. [| 224 PHYSICIAN'S NAME (TYPE OF Zorayda M. | LeeLlacer, M.D | ATTENDING PHYSICIAN 720 ADDRESS DOCT 8909 Old Bi | DIRECTOR PHYSICIAL CORS HOSPITAL CANCE Ave., C1 | of Pr. Geo. C | STAT |

to a large the publish a cause. At the contract of the contrac

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Hunter DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Oct. DEAD 76. CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY** MARRIED TO NEVER MARRIED West Virginia U.S.A. DIVORCED Prince George's 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Ret. OR INDUSTRY Clinten D.C. Police Officer D.C. Police 207 13d INSIDE CITY HMITS? 13. SIREEI ADDRESS
9805 Caltor Lane Prince George's Ft. Washington YES DO NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE Mordica Shreve Hattie Tucker 9805 Calter Lane 7 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) DIVISIO Yes 577-22-0402 WWII Rita M. Shreve Washington, Md. 18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: pertenue anteux pelerotic cerebro sociles vas cutor IMMEDIATE CAUSE IN DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 HOULD BE USED AS A BURIAL ARTMENT OF HEALTH AND MICOR TO BURIAL, CREMATION, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGER DEATH, WITH THE STATIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE Denuty _MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayhurn Ct Temple Hills. STATE Burial 8/28/86 Maryland Veterans Cemetery Cheltenham P.G. Maryland 07/84 25M 6160 Oxen Hill Rd. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE George P. Kalas Funeral Home Oxon Hill, Md. **DHMH - 17** (VR A15 ME (5))

43. 30 % 2 13,1922 63 .A.E.V Winfart' seek or towns and the end to the design of the same to be a light of the same and another than the second of BEILD AND SERVICE AND ARREST OF THE PARTY OF All and it along the first of the little of ervise "election of early Cheltenham P.C. Marylank George L. Malas Amerel Bose Cron all. Md. Lang of Will

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAN REG. NO DECEASED NAME 20. DATE KNOWNXX MONTH (THIS OR PRINT) ESTI-Gladvs Evelvn Siblev DEATH MATED 1986 6 AGE (IN YEARS IF UNDER 1 YR. 4 WACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED female caucasian Feb. 20, 1922 1086 64 DEAD a. M 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash, D.C. USA. WIDOWED X DIVORCED Prince George's County, Offy OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12e USUAL OCCUPATION ITYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Greater Laurel/Beltsville Hospital Retired Laurel AT&T OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 332 Vale Summit So. A . A . Laurel NO A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Simpson Noble Geneive Newcomb IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 578-12-4871 Theresa Barrett same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY. Smoke Inhalation IMMEDIATE CALISE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove vise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (8) Chronic Obstructive Pulmonary Disease 19a DATE OF OPERATION 194 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? body_only YES XX NO 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR subject in house fire 8-2 19 86 CONTRIBUTING CAUSE OF DEATH 2:00 PANK 21e PLACE OF INJURY (ATHOME 21 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK IN AT WORK 332 Vale Summit, Laurel, Anne Arundel Co., Md. Home (body only) Autopsy XX 22a I certify that I took charge of the remains de Inspection Inquiry and in my opinion Homicide Undetermined monner TITLE ISPECIFY EXECUTE THE C PACE & SHOU TO FUNERAL D AFTER DEATH. Assistant MEDICAL EXAMINER DATE 8-3-86 SIGNATUR 21201 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 235 DATE 8/5/86 23c. NAME OF CEMETERY OR CREMATORY Md. Vets. Cem. Crownsville Crowns. Md. 07/84 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR DHMH - 17 Mia Davidson (VR A15 ME (5))



- STATE

TYPE OR PRINTS

1 SEX

I. DECEASED NAME

Male

To BIRTHPLACE I STATE OR FOREIGN

Connecticut

Washington

10 CITY OR TOWN OF DEATH

Maryland

Frank

LYES NO OR UNKNOWNS

WHILE AT WORK

22 SMATUR

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

14. FATHER'S NAME

Yes

REGISTRAR

Francis

13b COUNTY

Pr Geo

MIDDLE

N

4 RACE

White

USA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH LAST 7b HOUR August 1, 1:15P 1986 Siedor 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER : YEAR IF UNDER 24 HRS Sept 3,1919 66 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Prince George WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION 126 KIND BE BUSINESS OF THE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIST STEMS Cleveland Lane Washington Rep Sales Engineer Norden Div 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13206 Cleveland Lane Ft Washingthms 15. MOTHER'S MAIDEN NAME Lallev Helen Siedor 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 048-03-6542 Virginia L Siedor Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 min 5.

18 CAUSE OF DEATH (Enter only one cause per line fexial, (b), and (c PART I. DE ATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE THEM WALL FASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY 206 IF YES, WERE FINDINGS USED TO CERTIFYING CAUSES OF DEATH? 19a DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

DEGREE

22e ADDRESS

ATTENDING

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT

d b

23a BURIAL CREMATION, REMOVAL Burial 4Aug1986

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill

23d LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (sai) apinion death accurred on the date and hour and from the couses stated

Suitland

Md

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

PG

24 FUNERAL DROBert E Wilhelm

22a I certify that (1) (this hospital) attended the deceased fram. the deceased alive of 124 allieve, (1) (ye) (did) (did not) view the bady after death

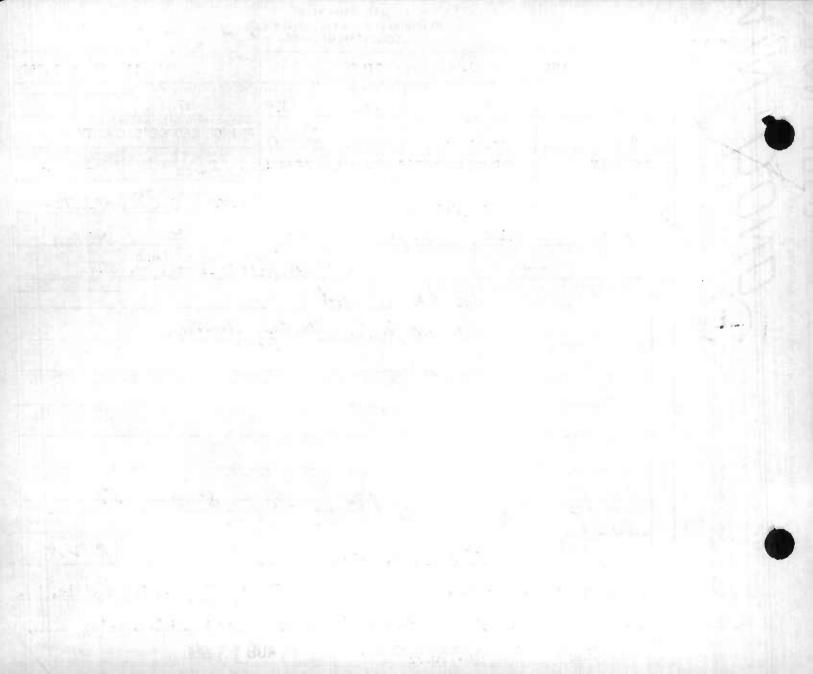
THE RESERVE OF THE PARTY OF THE

•\(\(\)

CERTIFICATE #86-23900



| | 1 | | | | STAT | E OF MARYL | ANU | | 2 | 3 () | |
|--|--|--|--|--|--|--|---|--|--|---|---|
| -15322 | 1. | FOR STATE REGISTRAR | | DE | PARTMENT OF I | FICATE OF I | | ENE O REG. N | 2 5 | 7 0 | |
| # 50 | | CEASED NAME OR PRINT) | LELA | J. | | IAST IMS | | 20. DATE OF DEATH | 08 1 | 1 86 | 7:25PM |
| de 4 may | 3 SE | × 'emale | 4. RACE Whi | te | 5. DATE O | | Ĭ [^] 899 | 6 AGE (IN YEARS LAST BIR | YRS. | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| oth. Pog | 7a. Bi | RTHPLACE (STATE OFFICE COUNTRY) | | OF WHAT COU | INTRY? 8. | D NEVER | _ | PRINCE GEO | R COUNTY | | |
| of the same | 10 CI | TY OR TOWN OF DEAT CHEVERLY | TH 11. NAME | OF HOSPITAL, N | NURSING HOME | OR OTHER INS | TITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker | OF WORKING LIF | E) INDUSTRY | Home |
| in 24 hours filled in thould be | Ma | ryland | ng home or other institute 13b COUNTY Pr. Geo | 13/ CITY O | | 13d. INSIDE C | ITY LIMITS? | 13e.STREET ADDRESS 14800 Che | | | 772 |
| Jan Jan | | George | Mario | | Jackson | | Mary | Ali | | Gree | en |
| Popes Popes | | VAS DECEASED EVER 1 YES, NO OR UNKNOWN) | N U.S. ARMED FORCE LIF YES, GIVE WAR OR DATE | | AL SECURITY NO. | Fay F | Hood-Upp | 800 Chelsea ber Marlbor | Lane o, Md. | 20772 | |
| M | Condition to the conservation of the conservat | | I (Enter anly ane cause AS CAUSED BY: IMMEDIATE CAUSE IA | | so a | recent | | | | BETWEEN | MATÉ INTERVAL ONSET AND DEATH |
| by the distriction on standards on standards on standards of control of contr | | Conditions, if ony, gove rise to imm cause (o), stating underlying cause | which lb | Pauc | SEQUENCE OF | ia. E | Bolog | Middle | à | | |
| he issert requires that the death of an income in the income in the price of the pr | TIFICATION | gove rise to imm cause (a), stating underlying cause | which lediate g the last. DUE TO lest. CONDITION: | O, ORAS A CON O, OR AS A CON | YCO KEL | NOT RELATED | O TO THE TERMI | NAL DISEASE OR CON 200 AUTOPSY? YES NO | 20b. IF YES | EN IN PART 1: | NGS USED |
| Persyclam. The fow requires that the death ording physician. This centificate has been signed by the attellics to build from the person. Then please indice each of Memoral Hygiene prior to buriol, cremition, or distribute 18 shows any shorty, or other tradematics. | AEDICAL CERTIFICATION | gove rise to imm couse (0), stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 710. ACCIDENT WAS UNDID OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC TIId INJURY OCCURR) | which lediate of the lost. DUE TO lost. (c) IIFICANT CONDITION: ION 19b. CO ERLYING 1 AUSE OF DEATH AL EXAMINER) ED 144 TABLE | O, OR AS A CON O, OR AS A CON SCONTRIBUTION NOTION FOR A MONT | SEQUENCE OF NG TO DEATH BUT WHICH OPERATION THE DAY YEAR 19 | NOT RELATED | O TO THE TERMI | NAL DISEASE OR CON | 20b. IF YES IN CERTIFYE | S, WERE FINDIF | NGS USED OF DEATH? |
| ATTENDING PRESICIAN. The low requires that the death objected or otherding physician. ECTOR: After this certificate has been signed by the diterligit ECTOR, after this certificate has been signed by the diterligit of the use on the burish woman premit from places and one of the use on the burish woman thighner prior to burish, committee, or of Health and Arento Hygiene prior to burish, committee, or of the understanding the control of the use of | MEDICAL CERTIFICATION | gove rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNDER OR CONTRIBUTING CIFETHER NOTIFY MEDIC 11d INJURY OCCURRI | which lediate g The lost. CONDITION: IFICANT CONDITION: ION 19b. CO ERLYING 1 AUSE OF DEATH AL EXAMINER) ED 1 ED 1 | O, ORAS A CON O, OR AS A CON O O O O O O O O O O O O O O O O O O | WHICH OPERATION THE DAY YEAR THOM | 71c. HOW IN | OTO THE TERMI | NAL DISEASE OR CON 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU | 20b. IF YES IN CERTIF YE JRY IN ITEM IS P | S, WERE FIND IN YING CAUSES S ART I OR PART 21 COUNTY 1 ond from the | NGS USED OF DEATH? NO STATE thot (1) (we) lost couses stated |
| OSHTAL OR ATTENDING PRESICIAN. The low requires that the death of ed. by the boughtol or otherwing physician. UNERAL DIRECTOR: After this certificate has been signed by the otherhold be deed deed to the on the bound transit person. The places indice the base beautiful to be deed to the one whose principle principle beautiful or or other tradematics. If the manked or them 18 shows any situry, or other tradematics. | 1 3 | gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNDIO OR CONTRIBUTING COURTING CONTRIBUTING COURTING CONTRIBUTING COURTING COURTI | which lediate g the lost. Out TO lost. Out | O, OR AS A COK O, OR AS A COK S CONTRIBUTION NOITION FOR V A M. MONT P.M. CE OF INJURY STREET, V CORE, the discensed | SEQUENCE OF NG TO DEATH BUT WHICH OPERATIO THE DAY YEAR 19 10 10 10 10 10 10 10 10 10 | 71c HOW IN 71c HOW IN | D TO THE TERMI DRMED JURY OCCURRI (our) apinian d ATTENDING PHYSICIAN | 200 AUTOPSY? YES NO CITY OR TO LOTTE A CONTROL OF INJURE OF INJU | 20b. IF YES IN CERTIFY YE YES IN TEM 18 P | S, WERE FIND IN YING CAUSES S COUNTY COUNTY 10 ond from the | NGS USED OF DEATH? NO STATE that (I) (we) lost couses stated SIGNED |
| TO HOSPITAL OR ATTENDING PRESICIAN. The low requires that the death of renoined by the basistical an ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the diterligits should be distored for use as the busicitional permit. Then please services with the Store Dept. of Health and Memol Hygiene prior to bursol, cremition, or IMPORTANT, if them 21 is marked as them 18 shows day injury, or other traditional. | MEDICAL | gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNDIO OR CONTRIBUTING COURTING CONTRIBUTING COURTING CONTRIBUTING COURTING COURTI | which lediate 9 The lost. CONDITION: IFICANT CONDITION: ION 19b. CO ERLYING 1 TIM AUSE OF DEATH AL EXAMINER) PCC SON | O, OR AS A CONTRIBUTION FOR VAMA MONTH | SEQUENCE OF NG TO DEATH BUT WHICH OPERATIO THE DAY YEAR 19 10 10 10 10 10 10 10 10 10 | 71c HOW IN 11 LOCATE 1 D. 12 ADDRES 6106 | DITO THE TERMINORMED JURY OCCURRING ATTENDING PHYSICIAN SS Old Sil | PAL DISEASE OR CON 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU CITY OR TO Greath occurred on the di MEDICAL STA | 20b. IF YES IN CERTIFY YE YES IN TEM 18 P | S, WERE FIND IN YING CAUSES S COUNTY COUNTY 10 ond from the | STATE thot (I) (we) lost couses stated SIGNED |



| | 1, | FOR STATE | | DEPARTA | NENT OF H | E OF MARYLA | NENTAL HYG | IENE O | 2 3 | y 0 | 2 |
|--|---------------|---|--|---|------------|--------------------------|----------------|--------------------------------------|------------------|----------------------------------|------------------------------------|
| 10-15286 | | REGISTRAR | 3 W M | | | ICATE OF DI | EATH | REG. N | | | |
| be oge 3 death | | CEASED NAME FIR | oris | F. | | Later | | | NONTH B | 8 86 | 26 HOUR |
| e 4 moy ctor, pog s otter d | 3 SE | 'emale | 4 RACE Cauca | sian | Apr' | F BIRTH 11 14, 1 | 1922 | 6. AGE (IN YEARS LAST BIR | (HOAY) | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| 0 147 | 4 | RTHPLACE (STATE OR FORESCOUNTRY) ushington, D. | C. U. | OF WHAT COUNTRY? | WIDOWE | | ORCED | Prince Geo | RCOUNTY | OF DEATH | MD. |
| | Cl | TY OR TOWN OF DEATH | Sout | of Hospital, Nursin hern "Mary 1" | ind Ho | | NOITUTI | School Bus | | INDUSTRY | business or county |
| 24 End become more more | 13a. S Ma | AL RESIDENCE IF NURSING M TATE 136 TYLAND THER'S NAME | OME OR OTHER INSTITUTE COUNTY P. G. | 136 CITY OR TOW Brandywir | N | 13d INSIDE CIT YES XX | NO 🗌 | 13e STREET ADDRESS A | | ive 20 | 0613 |
| Mary O | Wil | liam | MIDDLE | Farren | | Charlot | irst tte | Dor | | Slat | |
| MORE ex | - 1 | VAS DECEASED EVER IN U | .S. ARMED FORCE VES. GIVE WAR OR DATE: N/A | | | Wilbur | | ater Same a | | A-E | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN ING PHYSICIAN. The low requires that the death certificate be expected by physician or attentional physician or attentional permit. Then please remove carbon papers: Pagint and Mental Hygiene prior to buriol, cremotion, or removal. | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Conditions Subaccurrent | | | | | | | BETWEEN | MATE INTERVAL INSET AND DEATH | |
| been signed b mit. Then pleas prior to burial. | CERTIFICATION | PART 2 OTHER SIGNIFIC | | | EATH BUT | NOT RELATED | TO THE TERM | NAL DISEASE OR CON | 206 IF YES | WERE FINDIN | IGS USED |
| AI Re lo lon. hos it per lene | THE | | | | | | 32.75 | YES NO | | YING CAUSES | NO DEATH? |
| op physic gentificate mol-trans ental Hyg frem 18 sh | | 210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX | OF DEATH HOUR | AE OF INJURY A.M. MONTH DA P.M. | Y YEAR | 21c. HOW INJ | IURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | RT I OR PART 2) | |
| NG PHY offer this os the but hond M hond M | MEDICAL | 218 INJURY OCCURRED WHILE NOT WHILE AT WORK | LAT HOM | CE OF INJURY E STREET FACTORY, OFFICE, F | ARM, ETC) | 71f LOCATIO | N | CITY OR TO | wN | COUNTY | STATE |
| A ATTENDIII hospitol or RECTOR A red for use us pt. of Heali | | 220.1 certify that this saw the deceased all above, (I) (we) (did) (| ive on Ausu | t 9 198 | | | our) opinion o | leath occurred on the de | | | that () (we) last causes stated |
| the Dorth the Branch t | | that | | man | M | P | | MEDICAL STAI | F IAN [] | 22c. DATE : | SIGNED 29-86 |
| O HOSPITA etoined by TO FUNERA should be de with the Stotl MAPORTANT | | STURET | - ^ 1 | nan, MD | | 750\ | SURPR | etts RD. (| Dint. | , MD | 20735 |
| BP | Bu | BURIAL, CREMATION, REM SPECIFY) rial | | | | emetery or ci nd Vete | rans C | 23d LOCATION CITY OF TOWN Em Chelten | ham P. | G. Mar | yland |
| DHMH - 16 60M 7/84 (VRA 15, 4) 66 | | INERAL DIRECTOR Lee | | Home, Inc. | FM co | 20725 | | REC'D. BY REGISTRAR | | AR'S SIGNATI | |

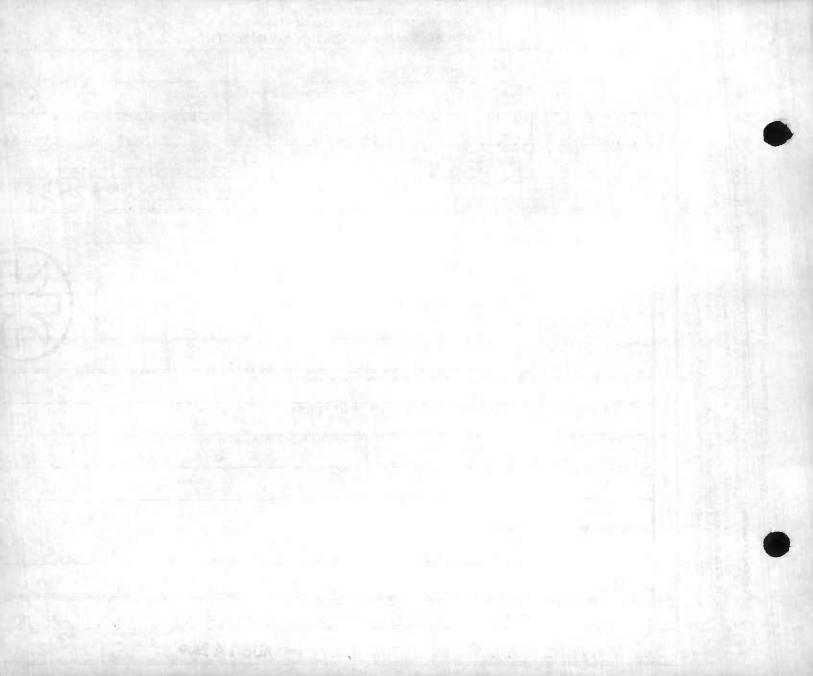
W9784 38 20 80 against the line that Singhlight Manhay Majoria Light wit O 18 8 Med 18 E tout 18 8 Think 18-12-80 V CM Juntone L. J. J. STUDY TO GOODING MY STONE GOOD TO STUDY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG NO DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Smith Andrew DEATH MATED SEX 4. RACE & AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE RONOUNCED 86 2 19 DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) American Virginia DIVORCED Prince Georges IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Road, Oxon Hill, MD Operation Engineer DC Schools 130 STATE 1136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS OwensRoad, #308 Oxon Hill PG 1100 MD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Marshall Smith Unknown Jane 17. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO DIVISION (YES. NO. OR UNKNOWN) Yes - Army Frances Smith 1100 Owens Rd. CAUSE OF DEATH (Enter only one couse per Ine for (o), (b), and (c), porturas cerebro condivos culer desease PART I DEATH WAS CAUSED BY DUE TO, WAS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED AT WORK AT WORLE PAGE 4 SHOUID BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BATTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN 22a I certify that I took charge of the remains described above, held on Autopsy death resulted fram: Natural causes Accident Suicide Hamicide _ Undetermined monner Deputy dien MEDICAL EXAMINER EXAMINER'S NAW Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial Lincoln Memorial Cem. Suitland PG Maryland 07/84 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Robert G. Mason 1661 Good Hope Road, S.E. Dunder

the second of the second second Tours DI transfer, militares and the second of the second o The state of the s Carlotte Company of grant of

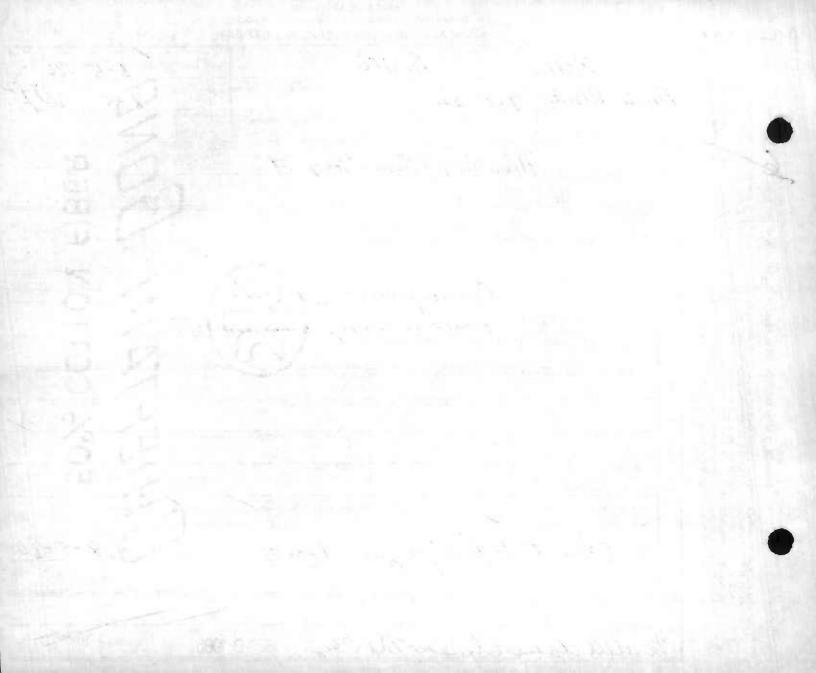
The state of the s

| 2 | |] - : | FOR STATE REGISTRAR | 161,220 | , I I I I I I | DEPAR | TMENT OF | | | | - n | н | 2 3 | 4 | 0 4 | |
|----------|--|---------------|--|------------------------------------|------------------|--|-------------------|--------------------|------------|--------------|-----------------|--------------------------|----------------|-------------|-----------|------------------|
| U U - | 15252 | 1 DEC | EASED NAME OR PRINT) | | | MIDDLE | | VER 5 C | LAST | | 20. | DATE KNO | 011- | | DAY YEAR | 26 HOUR |
| | ESEGRAS | 3 SEX | | Erne 4 RACE | ST. IS DATE OF I | | rett. | SI EARS IF UN | mith, | Sr. | | DEATH MA | | 8 | 3 19 8 | 36 N |
| | A SECTION OF SECTION O | MA | | BLACK | ~OCT | 19 1942 | 2. LAST 43 | | | HOURS | | DATE ONOUNCED DEAD | | 8 | | 10:20 86 P |
| | MAKE SING | 7a BII | RTHPLACE (ST | ATE OR | 76. CITIZEN | OF WHAT COL | JNTRY? | 8. MARRIE | D NEV | VER MARRIE | D 0 9 | BALTIMORI | CITY OR | COUNTY | OF DEATH | |
| | 200 × 7/ | | sh.d.c. | | U.S.A | | 300 | WIDOWI | | DIVORCE | A. | | | rge's | | |
| 1 | SEPERO | 10 C1 | TY OR TOWN | OF DEATH | II NAME O | OF HOSPITAL, N SUCH FACILITY, GIV | E STREET ADDRESS) | E, OR OTHE | R INSTITUT | TION | | OCCUPATI TOF WORKING | | WORK 12b. | OR INDUS | BUSINESS STRY |
| (8) | 312 | | eat Ple | asant | | 700 Add | | | | | SE | LF EM | PLOYE | D | PRIV | ATE |
| 100 | 基础3 3 | 30. ST | | 136 COUN PRIN | VTY | 13c. CI | TY OR TOWN | | YESX | NO 🗆 | 13e STREET 7010 | GRE | IG CT | 20 | 74. | 3 |
| W/ | HISON A | 14. FA | THER'S NAME | | MIDDLE | | LAST | | 15 MOTHE | R'S MAIDEN | NAME | MIDDLE | | | LAST | |
| ORE. | A SERVICE | | RNEST (| | TTH J | | | | THEI | MA | | | | ATTHE | WS | |
| JWIL | PER PAR | 16e W | 5, NO, OR UNKNO | DEVER IN U.S. AR | E WAR OR DATES) | | OCIAL SECURI | | 17 INFORM | | | | DDRESS | | | |
| N. | A S A S A S A S A S A S A S A S A S A S | | NOM | | | | -56-339 | 98 | ERNE | EST SM | LHI | R 101 | 3_RHOI | DE IS | | |
| - ts | MAT W | | 18 CAUSE O PART I DE | F DEATH (Enter or ATH WAS CAUSE | nly one cause p | | | | | | | | | | | ATE INTERVAL |
| NO | SER SER | | 190 | | TE CAUSE (a). | O, OR AS A CO | cotism | | | - | - | | _ | - | | |
| PRESTON | SA PA | | Canditiar | is, if any, which | | O, OR AS A CC | JNSEQUENCE | OF | | | | | | 130 | | |
| ×. | MINE MINE MINE TRAN | | | e to immediate | - | O, OR AS A CO | DNISEOUENICE | 06 | | | | | | | - | 100 |
| 201 / | UTED V IN PER EXAM EXAM EXAM CIAL-TI | | lying cau | | | 0, 011 43 4 61 | 314320021462 | Or . | | | | | | | | |
| | D: -522 | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 | | | | | | | | | | | | | |
| RECORDS | ENERGING MEDICA AS A BI SALTH AN CREMA | NO | | | | | | | | | | | | | | |
| | HEAD A | CERTIFICATION | 190 DATE OF | OPERATION | 196 C | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | 20 AUTOPS | Y? |
| OF VITAL | E SHOULE WORD "PI E CHIEF I BE USED INT OF HE BURIAL, | TIFF | | | | | | | | | | | | | | NO [|
| 0 | AUE 급성 C | | 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY UNDERLYING FOR HOUR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART | | | | | | | | | | T T OR PART 2) | | 17 11 11 | |
| O | FRESHAS | MEDICAL | | G CAUSE OF | | P.M. 8 | 3 19 8 | 36, su | - | t use | ed dr | ugs | | | | |
| DIVISION | THIS CER WARDED WARDED PAGE 3 S TATE DEP 21201 PR | MEC | | NOT WHILE AT WORK | STOR | ET, FACTORY, FARM | | ST | REET | 7 1 7 : - | | ITY OR TOWN | | COUNTY | | STATE |
| | THIS C WARDE WARDE PAGE STATE D | | AT WORK | AT WORK | X no | ouse | | 5 | | Addis | son b | a., | Seat | Plea | isant | L,P.G. |
| | MA SERVE | | | y that I took char | | 1 | | Autops | | Inspection | | Inquiry L | K232 | n my opinia | n | |
| • | SEC SEC | | death resulte | ed from: Notu | ral causes L_ | , Accider | nt LJ, S | vicide | Homic | | Undeterm | ined manne | · FT | | | |
| | 20227 | | ACTUAL SIGNATURE _ | 1/1 | 101 | - Ch | - | M | TITLE (SI | istant | | | | DATE | 8/4/ | 86 |
| | WIE THE COUNTE THE COU | 15 | | | | // | | M. | D | Locarr | MEDICA | LEXAMINE | R | SIGNED_ | 0/4/ | 00 |
| | 全层约集型 | | EXAMINER'S (TYPE OR PRIN | | lliam N | 1. Zane | , M.D. | | DDRESS_ | 111 P€ | enn St | . Ba | lto.M | D. | | |
| | PA 5 | 23a.BL | IRIAL, CREMA | ION, REMOVAL | | 230 | . NAME OF CE | METERY OF | CREMATO | ORY | 23d LOCA | TION | | COUNTY | | STATE |
| 07/84 | BP 2-50 | | BURLA | L | 8/9/86 | L | INCOLN | MEMOR | IAL C | EMETE | RY | SUITLA | | P.G. | MAR | YLAND |
| 25M | DHMH - 17 | | NERAL DIREC | | A | DDRESS | | | | 250. DATE RE | | GISTRAR 2 | Sh. REGISTI | RAR'S SIGN | ATUREN | 12 |
| | (VR A15 ME (5)) | J(| DHINSON | & JENKIN | S F.H. | /16 KE | NNEDY S | 21. N.M | | AU | 014 | MACIN | | | | |



| | | | FOR | | | DEDART | | E OF MARYLAND LEALTH AND MENTAL HY | CIENE | 6 2 0 | 74 | a. | |
|----------------------------|--|--|--|-------------|--|-------------------------------|---------------|---------------------------------------|--|-----------------------------------|-------------------------|----------------------------------|--|
| 0 0 - | 17512 | 1- | STATE REGISTRAR | | | DEFARI | | ICATE OF DEATH | 0 0 | 2 3 7 | 0 . | | |
| 10- | 11312 | | EASED NAME | FIRST | | MIDDLE | | 12A | 20. DATE OF DEAT | MONTH DAY | YEAR 26 | HOUR | |
| | 9 9 9 | (TYPE | MARY EX | | Ger | rende | Sr | nith | 08/28/86 | | | 305 AM | |
| | a d | 3 SEX | | | 4. RACE | | 5. DATE O | | S. A.G. | | | UNDER 24 HRS OURS MIN. | |
| | 1 000 | | FEMALE | | BLA | | | _ 01 - 11 | 75 | JOKS MIN. | | | |
| - | 1235 | TO BIRTHPLACE (STATEORFOREIGN COUNTRY) Md. TO CITY OR TOWN OF DEATH Boule | | | USA | WHAT COUNTRY | WIDOW | | P. G. | Y OR COUNTY OF E | | MD. | |
| 50 | 5 (A)C | | | | 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4509 LOTTS FORD VISTA | | | d, Bowie, md | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST | | | D OF BUSINESS OR RY SPITAL | |
| ND 212 | 1135 | 130 S | DUAL RESIDENCE (IF NURSING HOME OF STATE 13b COUL | | | | RE ADMISSION) | | 13. STREET ADDRE | | A Rd. | Bouje md 2071s | |
| KARYLA | 10/00/ | 14. FA | THER'S NAME FIRST ALBERT | | MIDDLE | Newma | 2N | 15. MOTHER'S MAIDEN NA FRANCIS | | £ | CTOR | | |
| ORE. N | and con oges 1 c | | AS DECEASED EVER | | RMED FORCES? | 216-46-5 | URITY NO. | 17. INFORMANT Helen Newm | AD | DRESS | | | |
| T N | 2 6 6 1 | | NO | | | 016 76 | 1001 | THE TEN TO ELETTING | IN (MIECE) | | · · | | |
| ST., BAI | ng physic bon pope removal. | | PART I. DEATH W | AS CAUS | nly one couse per ED BY TE CAUSE (a) | lingfor (a), (by a | nd ic(i) | espira | tong 1 | great | APPROXIMA METWEEN ON | 28/Si | |
| PRESTON | e death of move corration, or troumoti | | Conditions, if any, gave rise to imm | nediote | DUE TO, O | R AS A CONSEOL | JENCE OF | edal V | angle | Auch | 2 | mos | |
| 201 W. P | ed by the | | cause (a), statin underlying cause | last | 1 10_ | R AS A CONSEQU | ENCE OF | cartial | /tra | trai | / | cyn | |
| | n signi Then prite bu | N O | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISERSON CONDITION GIVEN IN PART 110 | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, | he low roon. hos been to permit. | CERTIFICAT | IN DATE OF SPERA | HON | 1%. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | VES NO | TO FYES, WE THE CERTIFY INC. | CAUSES OF | S USED F DEATH? NO [] | |
| OF VIT | CIAN: T | | 21s. ACCEPTE WAS UND OR CONTENUENCE | CALLE OF DE | ATH HOUR A. | M. MONTH D | AY YEAR | 214. HOW INJURY OF CUI | RRED (SNIES NATURE OF | INDEREST OF PERSONS ASSESSED. | ORFART IS | | |
| VISION | G PHYS | MEDICAL | 214 PAJURY OCCUR | | | OF INJURY HELIACION OFFICE | FARM, ETC.) | TH LOCATION | Effic | a town | COUNTY | SPATE | |
| ā | TENDIN riol or of OR. Aft or use or if Heolth | | 22a I certify that (1) saw the deceas above, (1) (we) (| (this hosp | | 19_ | 195 | nd that in (my) (aur) opinion | , to | 15 S. 19_ ne date and hour and | | ot (I) (we) lost | |
| 1 | OR AT DIRECT Oched for Dept of | | above, (I) (we) (| Z/ | the body | other death. | 10 | DEGREE | | STAFF | The DATE SE | NED 6 | |
| | A STATE OF THE STA | | 774 PHYSICIAN'S | AME ITH | army 1 | 111 | 1 | PHYSICIAN & ADDRESS | DIRECTOR PH | YSICIAN [] | 1/2 | 5/00 | |
| | O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1-10 | 211 | 1/1 | 1/1/1 | 150 | 48901 (|) Source (12 | Imm 1 | 451 | hann | |
| | H 5 F 7 1 5 | 230 E | URIAL, CREMATION, | REMOVA | / 1 | 23c | NAME OF | EMETERY OR CREMATORY | 226. LOCATION | N | UNIY | STATE | |
| | BP | | Burial | / | 8/30/ | 86 H | armony | Memorial Pa | | | | | |
| | DHMH - 16 50M 4/83 | 24. FU | INERAL DIRECTOR | ROLLI | NS FUNE | RAL HOME | I F. | | TE REC'D. BY REGIST | | S SIGNATUR | E TOTAL SE | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR DATE OF BIRTH IF LINDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 64 YRS IN BIRTHPLACE (STATE OF MARRIED NEVER MARRIED V FOREIGN COUNTRY! Prince Georges USA WIDOWED DIVORCED South Carolina IO CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CLYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Homemaker Domestic Chever1v COUNTY 13r CITY OR TOWN 13e STREET ADDRESS Washington D.C. 3298 Fort Lincoln Dr. N.E. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Smith Jim James Bessie Lucinda Andrews 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 606 ADDRESS Ivyleaf Ave. 166 SOCIAL SECURITY NO. 7 INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 34 7447 Audrey Riley Capitol Hts. Md. 20743 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY angles-Autononas IMMEDIATE CAUSE (a DUE TO OR AS A CONSCOUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 71h TIME OF INHIRY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 214, INJURY OCCURRED 2 IE PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy and in my opinion TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH ITH
BALLIMORE, MARYLAN death resulted fram: Homicide Undetermined monner Suicide DATE EXAMINER'S NAM TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 86 Lincoln Cem Aug Bladensburg 07/B4 BP. 25M 24 FUNERAL DIRECTOR **DHMH - 17** Police Davidson (VR, ATS ME (5))



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 724 PHYSICIAN'S NAME 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Surtland Cedar Hill Cemetery PG Md 30Aug1986 Burial 24 FUNERALD ROBert E Wilhelm 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Home Suitland, Md. (VRA 15, 4)

26 HOUR

INDUSTRY aging

MD Denf

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

mos

IF UNDER 24 HRS

8 86

IF UNDER I YEAR

DHMH - 16 60M 7/84

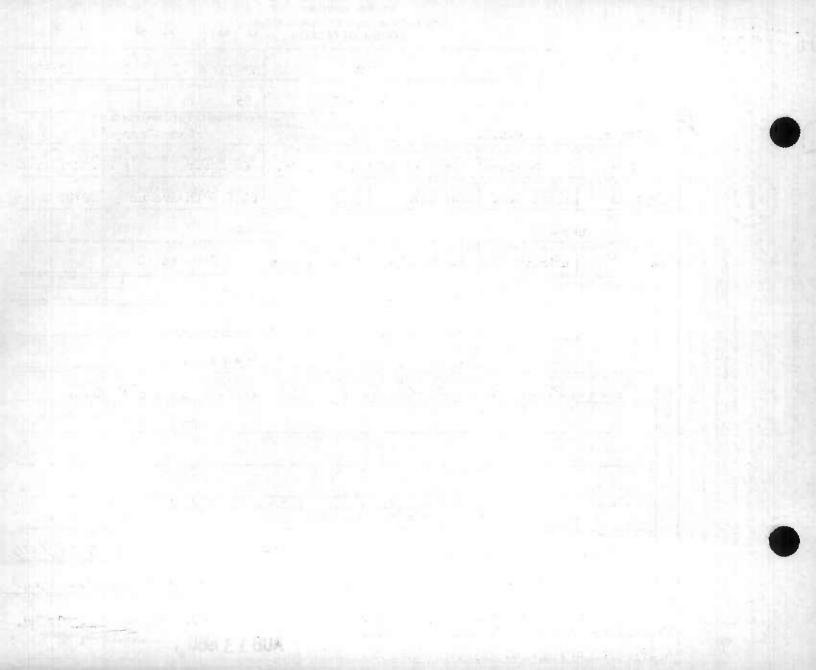
| 3 | | FC FC | 20 | | THE STATE OF | | | AARYLAND | IVOIENIE | | |
|----------------|---|-----------------|---------------------------------|---|--|--|---------------------|--|----------------------|---------------------------|---|
| - | | - S1 | | | | DEPARTMENT OF DICAL EXAMIN | | | PEREAPH | 23 | 908 |
| 00- | 15096 | T. DECE | ASED NAME | Denn | | Milliam S | Feu | ast To | - 2ª DATE | KNOWN MON | NTH DAY YEAR 26 HOUR |
| | PAY, PLEA DIRECTO OUR FILE ON STREE | M | ate | Huck | 5. DATE OF BIRTH MONTH DAY April 7 | YEAR LAST BIRTHD | | IDER 1 YR. IF UNDER | | E MON | -9 19 86 Am |
| | THE PERSON NAMED IN COLUMN TO PERSON NAMED I | Vir | mplace il | H-OR | T.S.A | MORECITY OR CO | George's MD. | | | | |
| 0 | PAGE PAGE SPRED SP | Ft. | Washing | gton | 13003 | Chaffen | UPATION (TYPE OF WO | rype of work 12b KIND OF BUSINESS OR INDUSTRY Military | | | |
| 10213 | ANOTHER PROPERTY. | Mar. | yland | Prince | George's | Tt. Washing | ton | 13d Inside City Elmits? YES MO | | halfont A | ve. 20744 |
| E. MD | HISTORY C | 1 | Dennie | | MIDDLE | Stewart, | Sr. | 15. MOTHER'S MAID! FIRST Margare | | MIODLE | Spinner |
| ALTIMOS | APTER DI SIVE PAGE TH FORW VAGES IN | 16a WA (YES. | | EVER IN U.S. AR/ | MED FORCES? | 228-30-790 | Y NO. | Shirley E. | | | alfont Ave. |
| TONST. | LOW HOURS HITM 18. CHOURS HICHG WI T PERMIT, I CGIENE, DI | | B CAUSE OF PART I DEA | TH WAS CAUSE | D BY: TE CAUSE (a) | or (o), (b), and (c).) ONEL TOO AS A CONSEQUENCE | | Fosis | | | APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH |
| 201 W. PRES | UTED WITHIN IN PENCIL IN EXAMINER A SAL-TRANSI DI MENTALHI ONI, OR REM | | gave rise | , if ony, which to immediate tating the <u>under-</u> elast. | | AS A CONSEQUENCE | OF | | | | |
| VITAL RECORDS. | D AS A BUN REDICAL D AS A BUN EALTH AN | NO | CHI SIGN | el Gum | il man | BUT NOT RELATED TO THE TERM BULL CLASS TION FOR WHICH OPER | char | se | RT 1 +a | | 20 AUTOPSY? |
| VITAL | NORD NORD NORD NORD NORD NORD NORD NORD | TIMC . | | <i>V</i> | | | | | 1800 | | YES NO E |
| NO NOISION OF | GTHE W TO THE HOULD ARTIMEN ARTIMEN TO TO THE | CALC | | OR G CAUSE OF E | DEATH P.M | . MONTH DAY YEA | R | OW INJURY OCCURRE | D (ENTER NATURE OF I | NJURY IN ITEM 18 PART 1 (| OR PART 2) |
| DIVIS | THIS CER WRITIN WARDED PACE 3 S TATE DEF | MED | WHILE AT WORK | | STREET FAC | OF INJURY (AT HOME, TORY, FARM, ETC.) | | CATION | CITY OR T | OWN | COUNTY STATE |
| | MINER: THECATE BE FOR ECTOR: TH THE S YLAND, | | 22a I certify death resulted | | e of the remain des | Accident . Se | Autop | sy . Inspectio | Undetermined n | [] | ny opinion |
| | DICAL EXAMITE THE CERTIFICATION OF WHITH WITH WITH WITH WITH WITH WITH WIT | | ACTUAL SIGNATURE | Bugu | sh Y? | Horryan | 25 10 | Deputy | MEDICAL EXA | MINER SI | ATE 8-9-86 |
| | TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH | | XAMINER'S N | | | odriguez, N | | | | t , Templ | e Hills, MD |
| 07/84 | BP | (SPE | Burial | | 8/13/86 | Arlington | Nat | 1. Cemeter | | ngten | COUNTY STATE Virginia |
| 25M | DHMH - 17 (VR A15 ME (5)) | | real Director | | uneral Ho | 6160 Oxon me Oxon Hil | Hill 1, Ma | Rd. 250. DATE | 12 986 | AR 256 REGISTRAF | R'S SIGNATURE |

Some is Prince of the Security State of Tringa China not be at manage of manufact et. vendanten - 1821 I Chaffat Hames C. . and - not. Hitter erale- w. Stewart, Sr. Harmant TROOP OF THORY YE. Yes - 1 1994-1975 228-30-7075 Spiritor B. Stetart - Torning - 107. College College Buck College A STATE OF S Trial 17.5 Empton 11. Samethry order Tarmide Tarmide 11. Samethry order Tarmide 11. Samethry order 11. Samet

20781

4739 Baltimore Avenue Hyattsville, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)



| | | | aFilmG | 619 9/ | / 20 6EP | ARTMENT OF | | ARYLAND I AND MENT | AL HYGIE | NE | n "7 | 9 1 17 | |
|--|---------------|------------------------|---------------------------------------|--------------------------|-----------------|---|---------------|---------------------|-----------------|--------------------|------------------------|----------------|---------|
| 00-17099 | | STATE REGISTRAR | | | MEDIC | CAL EXAMI | NER'S | CERTIFICAT | TE OF DE | HPA | REG. NO. | 7 1 0 | |
| | | CEASED NAME | FIRST | rike 8 | MI | DDLE | 4415 | LAST | | 20. DATE KN | OWN X WONTH | DAY YEAR | 26 HOUR |
| ESSARY, PLEASE FIRML DIRECTOR. OH. YOUR FILES. THIN 72-HOURS PESTON STREET, | | | JAY | | | ANTHONY | | TAYL | | DEATH M | ATED U 8- | 30-86, | M |
| 55 E 5 E | 3. SEX | . 1111 | 4. RACE | 5. DATE OF | F BIRTH DAY | YEAR LAST BIRTH | | HS DAYS HOL | NDER 24 HRS | PRONOUNCE | MONTH ED | DAY YEAR | 2d HOUR |
| ON SOUR | | <i>fle</i> | WHITE | MAY | | 100 | YRS. 2 | . 30 | | DEAD | | 30-869 | 12:50 |
| NEGESSA FUNERAL STATE | FQ | RTHPLACE (ST | | 76. CITIZEN | N OF WHAT | COUNTRY? | 8 MARR | IED NEVER | | | RE CITY OR COUN | | |
| 9500 | 100 | 1ARY LA | ND | 41.414.15 | u.S. | A. | WIDOW | | VORCED L | | e George | 12b KIND OF BI | |
| O THE PAGE | 10. CI | TY OR TOWN | OF DEATH |] IF NOT I | IN SUCH EACHITY | AL, NURSING HOA Y, GIVE STREET ADDRESS | | | FC | R MOST OF WORKIN | | OR INDUST | TRY |
| N N N N N N N N N N N N N N N N N N N | TISLIA | Chever! | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | P) | rince | GEONGE S | Co. I | Hospital | | NONE | | NONE | |
| 21201 ANY DE AND 3 T RETAIN CUID | 13a. S | ATE | In co | JNTY | 13 | CITY OR TOWN | | 13d. INSIDE CITY LI | | REET ADDRESS | 1 | #211 / | 74797 |
| 14-38 No. 18 | | THER'S NAME | | G. Co | | HYATTSVILL | E | YES N | | | LATIN ST | . 311 | 20.187 |
| F-XOF/ | 2 | FIRST | | MIDDLE | | O-CLAST | | EIRST | Disa. | MIDD | LE | TANK | 0 |
| THE DEATH THE DEATH THE DEATH FORM PM SES TAND FION OF THE | 16a V | BOBBY VAS DECEASE | EVER IN U.S. | ARMED FORCE | S? 10 | DEELE B. SOCIAL SECUR | ITY NO. | 17. INFORMAN | T | _ / | ADDRESS | Inglor | |
| BALTIMORE S ATTER DEA GIVE PAGES THE FORM P MISSION OF V | 1AI | NO OR UNKNO | | IVE WAR OR DATES | 5) | NONE | A | CHRIST | WE M. | TAYLOR | (MOTHER | SAME , | AS #13 |
| 36340 | | | F DEATH (Enter | only one cause | e per line for | (o), (b), and (c).) | | | | | | APPROXIMA | |
| N SI | | PARTIDE | ATH WAS CAU IMMED | SED BY: TATE CAUSE (c | o)S | udden i | nfan | t deat | h synd | drome | | | |
| PRESTON ST THILL AS HOUSE AND PERM AND PERM PERMOVAL REMOVAL | | 1.11 | | | TO, OR AS | A CONSEQUENCE | OF | | | | | | |
| H. E. S. | | gave ris | ns, if any, whi se to immedia | ate / (b | b) | 1 | | , | | | | | - 0 |
| N STATE | | couse (a) lying cou | stating the <u>und</u> se last. | er- DUE | TO, OR AS | A CONSEQUENCI | OF | | | | | | |
| KDS, 201 XECU VG: CAL BUR ANID VATIO | | 2101 2 2 2 2 2 2 | | ((c | c) | | | | | | | | |
| IL RECORDS, 22 UID BE EXECT "PENDING" "PED AS BUR HEALTH AND AL, CREMATIC | z | PART Z UTHER SH | GMIFICANT CUNUTTIC | INZ CONTRIBUTING | TO DEATH BUT I | NOT RELATED TO THE TE | RMINAL OTSEAS | & OR CONDITION GIVI | EN IN PART 1 id | | | | |
| A LEAL | CERTIFICATION | 19a DATE OF | OPERATION | 196. | CONDITION | N FOR WHICH OPI | ERATION W | /AS PERFORMED |)? | | | 20 AUTOPSY | 1? |
| | FFC | 1953 | | | | | | | | | | YES 🔀 | по П |
| > ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 1 1 | | L CAUSE WAS | | TIME OF IN. | | 21c. H | OW INJURY OC | CURRED LENT | ER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR | | |
| DIVISION OF S CERTIFICATE RITING THE W ROED TO THE 23 SHOULD TO PRIOR TO I | | UNDERLYING | G □ CAUSE C | | P.M. | ONTH DAY YE | AR | | | | | | |
| VISIO FERTIFICATION OF PAIC PRICE PRICE PR | MEDICAL | 21d INJURY C | CCURRED | 51 | PLACE OF I | NJURY (ATHOME. | 211 LC | CATION | | CITY OR TOWN | | OUNTY | STATE |
| DIN E. THIS C FE. WRIT RWARDE F. PAGE 3 STATE D S, 21201 | 5 | AT WORK | NOT WHILE AT WORK | | | | | | | | | | |
| | | | | arge af the rem | mains describ | ed obove, held an | Autap | sy X, Ins | pection . | Inquiry [|], and in my | pinion | |
| EXAMINER: 1 E CERTIFICATE, DULD BE FORV UNIT DIRECTOR: 8 4, WITH THE SI | | death result | ed from: No | aturol couses | XX Ac | cident . | Suicide |], Hamicide | . Unc | letermined mani | ner, | | |
| EXAMI CERTIFIC DIRE BE WITH WARYL | | | 1 | / | 1 | | | TITLE (SPEC | IFY) | | | | |
| A HANDER W | | ACTUAL SIGNATURE | 14 | - | ne | _ | ^ | .D. Assis | tant_M | EDICAL EXAMIN | IER SIGN | ED8-31-8 | 6 |
| MOE S | 1 | EXAMINER'S | NAME TO | 11/1/200 | M 7a | ne, M.D. | | ADDRESS_111 | PennS | treet | | | |
| TO MEDICAL ED EXECUTE THE CO PAGE 4 SHOUL TO FUNEAL D AFTER DEBATH, WE BAKKINORE, MA | 27- P | (TYPE OR PRI | TION, REMOVA | of the second | er. zien | 123c, NAME OF C | EMETERY C | | | LOCATION | | | |
| 1/1/ | 130.0 | CREMA | - 1 | | 2, 1986 | | | REMATO | _ C | VERDAL | | A JA-RILL | STATE |
| 07/84 BP | 24 F | JNERAL DIREC | | | | | | 25a. | | BY REGISTRAR | 256 REGISTRAR'S | SIGNATURE | 7/1/2 |
| DHMH - 17 (VR A15 ME (5)) | CH | AMBER | 5 FUNE | RAL HO | ME I | RIVERDAL | E, MA | RYLAND | SEP 5 | 1986 | Tuka Dand | 1000年 | 5 |

ARRIVATOR OF THE PROPERTY OF T

ATTOCK OF THE BUTCH OF THE X SHOWS THE STORY OF STREET

A SUBSTITUTE OF THE STATE OF TH

EN SHIP (STATES) START IN THE TANK IN SHIP SHIP IN THE



Alm \$200 Clar (Mangalan Canada Sasara) A STATE OF THE RESIDENCE

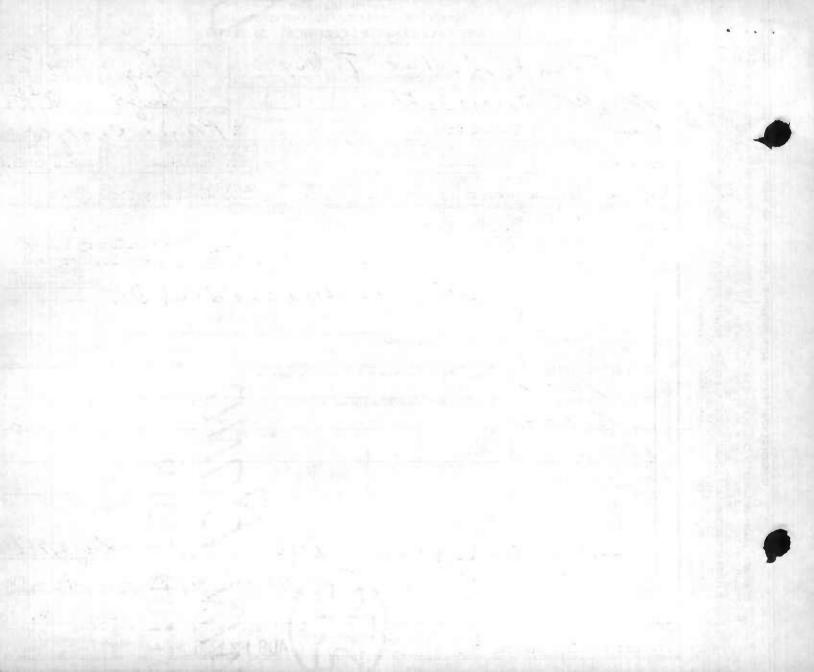
(VRA 15, 4)

Funeral Home

Aspertor Verser Construction Margined Ir. Coorga's Slave Lall X 5900 Glene Date Road 20769 Conta Victor house 'seas' la. Spoo Glunn Dale Hodd

THE EXPLORATION OF THE PROPERTY OF THE PROPERT

| 1 | | | | | | MARYLAND | | | | | | | |
|-------|--|---------------|---|--|--|--|-------------------------------|------------------------------|--------------------------------------|--|--|--|--|
| | - | | FOR STATE | | EPARTMENT OF HEALT | | 6.0 | 07 | 9 1 3 | | | | |
| -1 | | | REGISTRAR | MED | DICAL EXAMINER'S | CERTIFICATE C | F DZATH | REG. NO. | , , , | | | | |
| - 1 5 | 3888 | | EASED NAME FIRST | n k A | MODIE LAST LAST OF ESTI- DEATH MATERIA 9 19 FT | | | | | | | | |
| | RY, PEASE DIRECTOR. OUR FILES. 172 HOURS ON STREET, | 3 SEX | AA IAI | 5. DATE OF BIRTH | | UNDER 1 YR. IF UNDER | 24 HRS. 20 DATE PRONOUNO DEAD | CED A MONTH | DAY YEAR 2d HOUR | | | | |
| | A S S S S S S S S S S S S S S S S S S S | Jo Bi | RTHPLACE (STATE OR | 76 CITIZEN OF WH | AT COUNTRY2 | | 9 BALTIMO | ORE CITY OF COUNT | Y OF DEATH | | | | |
| | FUNERAL DIRECTOR S FOR YOUR W. PRESTON S | Ť | REIGN COUNTRY) | United | States WIDO | | ED X PVI | nie be | MD. 126 KIND OF BUSINESS OR INDUSTRY | | | | |
| | > 注の言句 | H | yattsville | Reside | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Residence 120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Ret. Policeman | | | | | | | | |
| | A SET AND SET | | il RESIDENCE (IF IN NURSING H TATE Lryland Pri | one or other institution, GIV OUNTY Lnce Georges | Hyattsville | YES X NO | 13e STREET ADDRES | berry Stre | et | | | | |
| | ESTH. IF EST, 2, EST, | | THER'S NAME FIRST aud | MIDDLE F. | Tilley | 15. MOTHER'S MAID! Az lee | EN NAME MID | Rat | cliff | | | | |
| | JRS AFTER DEA' S. GIVE PAGES WITH FORM P P. PAGES I AN DIVISION OF | 16a V | | . ARMED FORCES? . GIVE WAR OR DATES) . Orea | 166. SOCIAL SECURITY NO. 467-42-8455 | Richard A | | | erry Street | | | | |
| | NULD BE EXECUTED WITHIN 24 HOURS WILD BE EXECUTED WITHIN 24 HOURS "PENDING" IN PENCIL IN ITEM 18. G F. MEDICAL EXAMINER AIGNG WITSED AS A BURIAL-TRANSIT PERMIT: PEHALTH AND MENTAL HYGIENE, DIN AL CREMATION, OR REMOVAL. | | Canditians, if any, w gave rise ta immed cause (a) stating the <u>ur</u> lying cause last. | EDIATE CAUSE (a) which diate (b) DUE TO, OR (c) | AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE | | RTT (a). | Dels' | BETWEEN ONSET AND DEATH | | | | |
| | AL RECORDS, OULD BE EXEC OULD BE EXEC D. "PENDING". IRE MEDICAL ISED AS A BUI SF HEALTH AN IAL CREMATI | CERTIFICATION | 190. DATE OF OPERATION | 198 CONDIT | ION FOR WHICH OPERATION | WAS PERFORMED? | - 5. 17 | | 20 AUTOPSY? | | | | |
| | DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROBD TO THE CHIEF E 3 SHOULD BE USE TO EPERARMENT OF H OI PRIOR TO BURIAL | CERTIF | 210. EXTERNAL CAUSE WA | | INJURY MONTH DAY YEAR | HOW INJURY OCCURRE | ED LENTER NATURE OF INJU | JRY IN ITEM 18 PART 1 OR PAR | YES NO | | | | |
| | ON CONTROL | CAL | UNDERLYING OR CONTRIBUTING CAUSE | OF DEATH P.M. | . 19 | | | | | | | | |
| | DIVISION OF VITAL REP. RE. THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PER. REMARDED TO THE CHIEF M. RE. PAGE 3 SHOULD BE USED A RE. PAGE 3 SHOULD BE USED A RE. PAGE 3 SHOULD BE USED A RE. STATE DEPARTMENT OF HEAD D, 21201 PRIOR TO BURIAL C | MEDICAL | 214 INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK | STREET FACT | OF INJURY (ATHOME, 2)1 L ORY, FARM, ETC.) | OCATION STREET | CITY OR TOW | 'N COU | JNTY STATE | | | | |
| • | XAMINE ERTIFICA ID BE FC NIRECTO WITH TH ARYLAN | | | charge of the remains desc Natural causes 🔊, | cribed abave, held an Auto Accident , Suicide C | mpsy , Inspection , Hamicide , TITLE (SPECIFY) | Undetermined mar | DAIK | Luz 91986 | | | | |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M | Name of | EXAMPLES NAME T | ohn S.R | OGERS | ADDRESS 1919 | SamiNAKY | RD. Silv | er Spring Ma. | | | | |
| | | (: | URIAL, CREMATION, REMOV | 236 DATE 8-12-86 | George Wash | | 23d LOCATION CITY OF TOWN | Dada a Can | TY STATE | | | | |
| | BP | | rial UNERAL DIRECTOR | 0 12-00 | | 125g. DATE | REC'D. BY REGISTRAR | Prince Geo | rges Md. | | | | |
| | DHMH - 17 (VR A15 ME (5)) 20M 4/82 | | ancis Gasch's | Funeral Hm | 4739 Baltim Hyattsville | ore Ave | | guha Davidson | -Admidalles | | | | |
| | AUITI TI VA | | | | | | | | | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2s DATE OF DEATH LIVE OF PRINTS ELIZABETH TILLMAN 8/14/86 4. RACE 5. DATE OF BIRTH 6. AGE INVEATIGATE ENTHDAY F LINDER LYEAR DAY YEAR A CITIZEN OF WHAT COUNTRY! BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY South Carolina DNORCED [176, KIND OF BUSINESS OF CLINION Housewife 13s STREET ADDRESS / ZIP CODE 1400 Fla., Av 20019 DC Washington 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME - DOW Öliphant Butler Stevens Katie IN WAS DECEASED EVER IN U.S. ARMED FORCEST M. SOCIAL SECURITY NO. 17. INFORMANT Laura Allen 1003 - 8th St., Wash, Do 579-48-7923 18. CAUSE OF DEATH (Enter only one couse u monare PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse int. stating the underlying zoure loct The ACCIDENT WAS UNDERLYING TO ZIE HOW INJURY OCCURRED. ZENTER THATURE OF INJURY THEFTEM TR. PART I OR PART ZI HOUR A.M. MONTH DAY YEAR OF CONTEMUTING TO CAUSE OF DEATH 714 INJURY OCCURRED 71a. PLACE OF INJURY TH. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARALETC.) ALMORE CO. MOT WHAT C four! opinion death occurred on the date and hour and from the DIRECTOR T PHYSICIAN T - PHYSICIAN HUBSON, M.D. 731 NAME OF CEMETERY OR CREMATORY 73s BURIAL CREMATION, REMOVAL 23E DATE Burial Lincoln Suitland 8-21-86 ADDRESS 7474 Landover 150. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR HMH : 36'60M 7/84 AUG 20 1986 Jenkins Funeral Hm. Landover, MD

Colding promounty Accest 3-5 min South March Michael James White went again where Himpanhouse sine inferitable title Besting said - 12/14 25 - 81/3 - 86 g

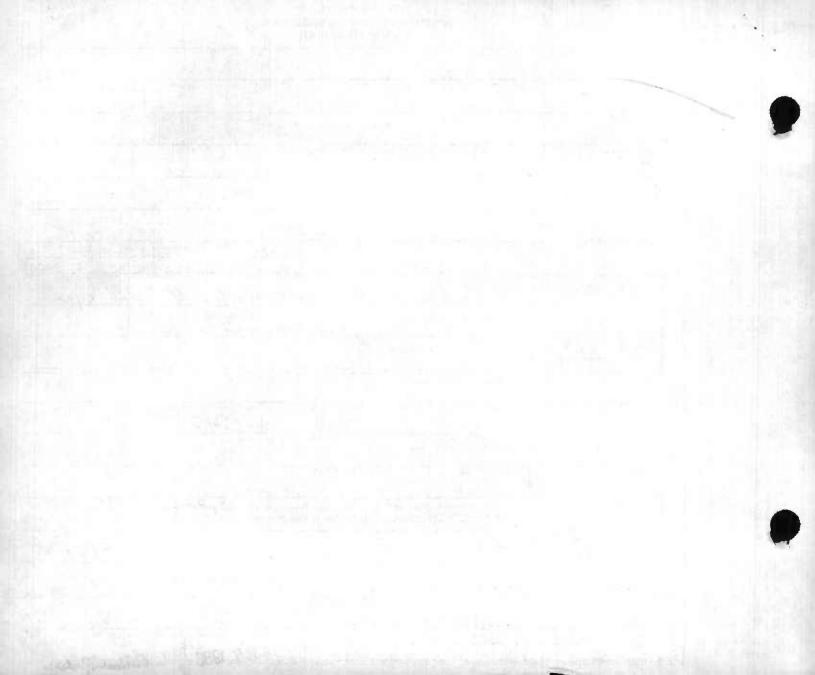
343-3448 golfsvoore mee om wan

with my Jan St.

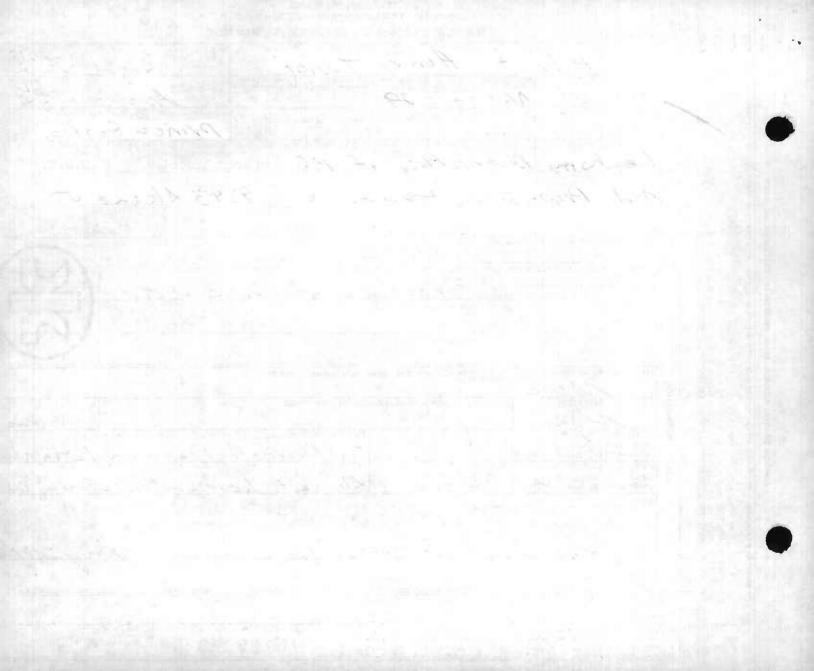
- TRIBLEY L

And a complete of the state of the

. Carl



| TOTA- | | | | | | | | | RYLAND | | | and 5 | 1 7 | | |
|-------------------|---|---|--------------------|---------------------------------|---|----------------------------------|------------------|-------------------|--------------------|-------------|--------------------------|---------------------|--|--|--|
| ALC: NO. | |] - S | OR | | | DEPARTME | NT OF HE | ALTH A | ND MENTAL | HYGIEN | (E) | 3 7 | | | |
| 20 | 0100 | R | EGISTRAR | | ME | DICAL EX | AMINE | R'S CE | RTIFICATE | OP DE | TH REG | NO | | | |
| -0- | 0452 | | EASED NAME | FIRST | | MONTH | DAY YEAR 25 HOUR | | | | | | | | |
| | अं का स्ट्रिक | (1176) | UK PKINI) | ROBERT | HENRY TWIGG, JR. OF ESTI- | | | | | | | | 2 1086 35 | | |
| | 20日本 | 3. SEX | Charles 1 | . RACE | 5. DATE OF BIRTH | YEAR 6 | AGET RIRTHDAY) | IF UNDE | RIYK. FUND | ER 24 HRS. | 2c DATE | MONTH | DAY YEAR 20 HOUR | | |
| | N S N S | Mal | é | Cau. | 11-30-19 | | 29 - 5 | MONTHS | DAYS HOURS | MIN | PRONOUNCED DEAD | 1.10 2 | 2 10 5 3 5 11 | | |
| Maria | 25 E | Ju BIR | THPLACE (ST | | 7 CITIZEN OF WE | | | | K | | 9 BALTIMORE CIT | YORCOUNTY | OF DEATH | | |
| | 品面的有 | FORE | IGN COUNTRY) | | MARKIED BE NEVER MARKIED | | | | | | | | | | |
| • | 25000 | | t Virg | | TT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF VIEW NOT IN SUCH FACILITY GIVE TO BET ADDRESS) | | | | | | | eorge's | VORK 126 KIND OF BUSINESS OR WINDUSTRY | | |
| | 2 五角語 | 10 C11 | TOR TOWN C | DEATH | | | | | | | | | | | |
| | 明の計画の | | ham | | Doctors | Hospit | al | | M. | Mete | r Recorde | W.S.S.C. | | | |
| 100 | FORESON / | USUAL RESIDENCE (IF IN NURSING FIOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 1.25 COUNTY 136. CITYOR TOWN 1 136. INSIDE (ITY LIMITS? 1.36. STREET ADDRESS | | | | | | | | | | | TANK . | | |
| 23 | 7.40 MB | Mar | yland_ | Prince | George's Lanham YE X NO 1 9343 Alcona | | | | | | | | treet 20801 | | |
| MO | | 14. FAT | HER'S NAME | | MIDDLE | LASI | | / 15 | MOTHER'S MA | IDEN NAME | taiDDI 5 | | LAST | | |
| # | 382 750 C | | | | | | | | | | Shar | mbaugh | | | |
| WO | SECOND I | 16a. W | AS DECEASED | EVER IN U.S. AL | RMED FORCES? | 16b SOCIAL | SECURITY N | | INFORMANT | | ADDR | | | | |
| ALTI | A PA | NO | . 140, 04 01461404 | (18 165, 014 | E WAR ON DATEST | 217-7 | 70-782 | 9 D | oris Tw | igg. S | ame as Li | ne #13 | | | |
| - 61 | WHI PAR | Total Control | 18 CAUSE OF | DEATH (Enter o | nly one couse per line | for (o), (b), or | d(c)) | | 0110 111 | -863 | - Carlo GO 231 | 7.10 | APPROXIMATE INTERVAL | | |
| 12.7 | A SA | | PARTIDEA | ATH WAS CAUSI | ED BY: | ラレン | v da | De- | Nf. | Me | dir | tinn | BETWEEN ONSET AND DEATH | | |
| 0 | 名前の高品を | | | IMMEDIA | DUE TO, OR | AS A CONSEC | DUENCE OF | - | | | 200 | 16100 | | | |
| 885 | ELECTE E | | | s, if ony, which | | | | | | | | | | | |
| | MAN | | | e to immediatestating the under | | AS A CONSEC | DUENICE OF | | | | | | | | |
| - 6 | X AMENT | | lying cous | | , DOE 10, OK | AS A CONSEC | JOENCE OF | | | | | | | | |
| 8 | SECUTE VG" IN F CAL EXA BURIAL AND MI | - | PART 2 DINER CIC | MICICANT CONDITION | (c) | BUT AIDT BELATED | TO THE TERMINA | | | | | | | | |
| RECORDS | D BE EXECUTED FINDING. IN PROBING. IN PROBICAL EXA. AS A BURIAL-EALTH AND MECREMATION, | | I AKI Z DINEK JIO | A/ | CONTRIBUTING TO DEATH | JOI NOT RECATED | TO THE TERMINA | L DISEASE OR | EDNOITION GIVEN IN | PART 1 (a) | | | | | |
| SEC. | CR AS AE B | 일 | 19g. DATE OF | OPERATION | Tay CONDI | ION FOR WHI | ICH OBEDAT | IONI WAS | DEDECORMEDS | | | | Talling | | |
| ×. | CATE SHOULD BE ED WENDING WENDING WITH CHIEF MEDICULD BE USED AS A FOWENT OF HEALTH AT TO BURNAL, CREMA | CERTIFICATION | IN. DAIL OF | / | 170. CONDI | IOIA FOR WHI | ICH OFERAT | ION WAS | PERFORMED! | | | | 20 AUTOPSY? | | |
| 2 | S C C S C C C C C C C C C C C C C C C C | Ē. | NIL EVIEDNIAL | CAUSE WAS | 21b. TIME OF | to the investment | | | | | | | YES NO DO | | |
| DIVISION OF VITAL | A HE W | 2 | UNDERLYING | ~ | | MONTH DA | Y YEAR | | . 48 | RED LENTER | NATURE OF INJURY IN ITEA | A 18 PART 1 OR PART | (2) | | |
| Ö | FE STAN | | | IG CAUSE OF | | 87 | 27906 | TO SE | Dur | 10:50 | -1/2V | bonst | Restain! | | |
| N N | DEP SEP | A I | WHILE - | | 21e PLACE C STREET, FACT | OF INJURY (A ORY, FARM, ETC.) | T HOME. | 211 LOCA SJREI | TION | - | CITY OR TOWN | COUN | NTY / STATE | | |
| ۵ | REWRITING THE WRITING THE WARDED TO THE PAGE 3 SHOULD B STATE DEPARTMEN 1, 21201 PRIOR TO B | | AT WORK | NOT WHILE AT WORK | 20 /-1 | anx | | Alca | may 4. | 62 | sh1m1 | nice | -George, And | | |
| | F . S & F | | 22a. I certify | y that I took char | ge of the remains des | cribed obave, | held on | Autopsy | Inspec | tion-R | Inquiry . | ond in my opin | nion | | |
| | WINER: FICATE FOR: CTOR: THE S | 100 | death resulte | d from: Nati | urol couses | Accident | Suicid | 9 | Homicide | | ermined manner | 7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | EXAM CERTI OULD B L DIRE I, WITH MARY | | | /// | | | 3, 00.00 | · | TITLE (SPECIFY) | - Olidei | ermined mainler _ | | | | |
| | NI EXA HE CER HOULD AI DIR TH, WI | | SIGNATURE | the | 11 | | 50 | Z-MAD | /7. | MED | 15 11 EV 11 11 150 | DATE | 1,00 27 10 as | | |
| | SEA SEA | | 4 | | | 10 | 0 | 211.0. | 0 90 | MED | ICAL EXAMINER | Sirver | The state of the s | | |
| | M SHERE | E | XAMINER'S N | AME | | | | AD | DRESS | | | | | | |
| | TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WIT BALTMORE, MARY | | | ION, REMOVAL | 23b DATE | 23c NAN | NE OF CEMET | | | 23d. LC | OCATION OR TOWN | | | | |
| 07/84 | | Bur | | 4-11 | 8-25-86 | | | | Cemetery | | | COUNT | | | |
| 25M | | | | Pecu's c | SONS FUNERA | AT HOME | D A | 10011 | 25a. DAT | E REC'D. BY | REGISTRAR 256 RE | EGISTRAR'S SIC | SNATURE CO | | |
| | DHMH - 17 (VR A15 ME (5)) | 4.72 | O Palt | imama ^- | OND LUNER | AL HUME | , F.A. | | Atte | 197 | 1998 366 | , They down | A Supra | | |
| | (| 4/3 | 2 part | Thore W | re., Hyatt | sville, | mary. | Land | 1.5516 |) E3 E | 11 6600 | | | | |



| 15817 | 1. | STATE REGISTRAR | | | DEPART | | ICATE OF DEATH | B REG. N | 2 | 3 | 918 | | |
|--|---------------|--|--|--|----------------------------------|------------|--------------------------------|---|--------------------------|-----------------------|------------------------------------|--|--|
| | | CEASED NAME | FIRST | | MIDDLE | L. | AST | 20 DATE OF DEATH | MONTH BA | Y YEAR | 26. HOUR | | |
| poge 3 | (149) | Geo | rge | Patrick | | | YLOR | August 13 | | 3:50 PM | | | |
| | 3 SE | X | | USA WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL OF STREET ADDRESS 10006 Worrell Avenue OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | | | | 6 AGE (IN YEARS LAST BI | RTHOAY) IF | UNGER I YEAR | IF UNDER 24 HRS | | |
| ge 4 | | Male | | | | | 14, 1930 | 56 YRS MC | | ONTHS DAYS HOURS MIN. | | | |
| Pour l'dire | 70 B | IRTHPLACE (STATE OR FOI | REIGN | | | | NEVER MARRIED | RALTIMOPE CITY OF COUNTY OF DEATH | | | | | |
| nero n 72 | 1 W | ashington, | DC | | | | | | | | y MI | | |
| by the fu | 10 € | enn Dale | | | | | | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Ironworke | | OF BUSINESS OF | | | |
| filled in round be | 13a. | STATE | 3b/COUN | | | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 10006 Worrell Avenue 207 | | | | | |
| red within | | George | c. | WIDDLE | Tylor | | Margaret | WIDDEE | | Byr | | | |
| medico | | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 10006 WOTTELL AT 10006 WOTT | | | | | | | | | | | |
| of. | | 18 CAUSE OF DEATH | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY | | | | | | | | | | |
| phys npop movo vent, | NO | | | BY. E CAUSE (b) | Carcinom | a of t | he Pancreas | | | | onths | | |
| equires that a signed by it. Then please to burial, crainjury, or other | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN Paraplegia: Fracture T-7 - T-8: 1958 | | | | | | | | | 0 | | |
| on. hos beer permit. ene prior | CERTIFICATION | 190 DATE OF OPERATIO | | | | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, IN CERTIFY! | NG CAUSES | NGS USED S OF DEATH? | | |
| HYSICIAN The nding physicions are certificate to burial-transit I Mental Hygier or Item 18 sho | | 210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | USE OF DEA | 110 | DF INJURY .M. MONTH D. .M. | AY YEAR | 21c HOW INJURY OCCURE | | JRY IN ITEM 18 PAR | OR PART 2) | | | |
| or otherding PHY: After this e as the budlith and A marked ar | MEDICAL | 21d INJURY OCCURRE | | (AT HOME ST | OF INJURY REE! FACTORY OFFICE ! | | 211 LOCATION STREET | CITY OR 1 | OWN | COUNTY | STATE | | |
| Z - Z - Z - Z - Z - Z - Z - Z - Z - Z - | | 22a I certify that (I) (t sow the demased | his hospit alive on. | August | e deceased from | 1958 36 | d that in (my) (our) opinion (| to August | | nd from the | that (I) (we) los couses stated | | |
| 0 0 0 0 0 | | ATTENDING MEDICAL STAFF PHYSICIAN MIDIRECTOR PHYSICIAN | | | | | | | | | 14, 198 | | |
| TO HOSPITAL retained by the TO FUNERAL should be deto with the State I IMPORTANT: If | | Dr. Parke | r S. | Dorman | | | 5454 Wiscons | | Chevy | Chase | , MD 208 | | |
| BP | | BURIAL, CREMATION, RE SPECIFYS Burial | MOVAL | AUG 16 | , 1986 Re | surre | emetery or crematory | y Clinton, | Pr. Ge | orge 1 | state Mary | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | uneral director | Hom | | 16000 Ann Bowie, Mi | | B Noau | G 20 1986 | 256 REGISTRA | R'S SIGNA | TURE | | |

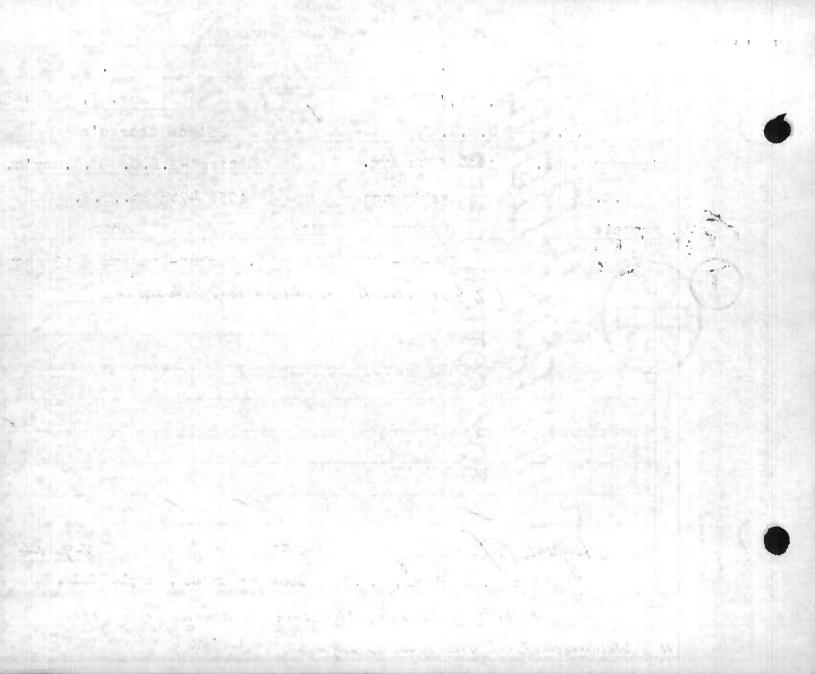
3:50 24 AUGUST 15, ESSO de Cevi de von - metunendo de Water a caroad control Margard Pr. George's Clone 1413 . . X Morenn - 1 279-38-5722 (Joan E. Eylor Chara bale, Maryland 1007 perconnical incrementation interest tested to the construction of the society tested Heurogenic Bladdor; Greenic Typicagenticis Taon : 5-1 - 7-2 contact : 11 - Lenent Since All and .c. curtur .. graun, N. J. 9454 Mattanain Avenue Shovy Sheau, MC 20815 Will in, 1900 House apies were bury Diintes, Fr. Guerru's, Maryings Healt Ameral Rose . Sowie, 100 20715-3043 White & Committee

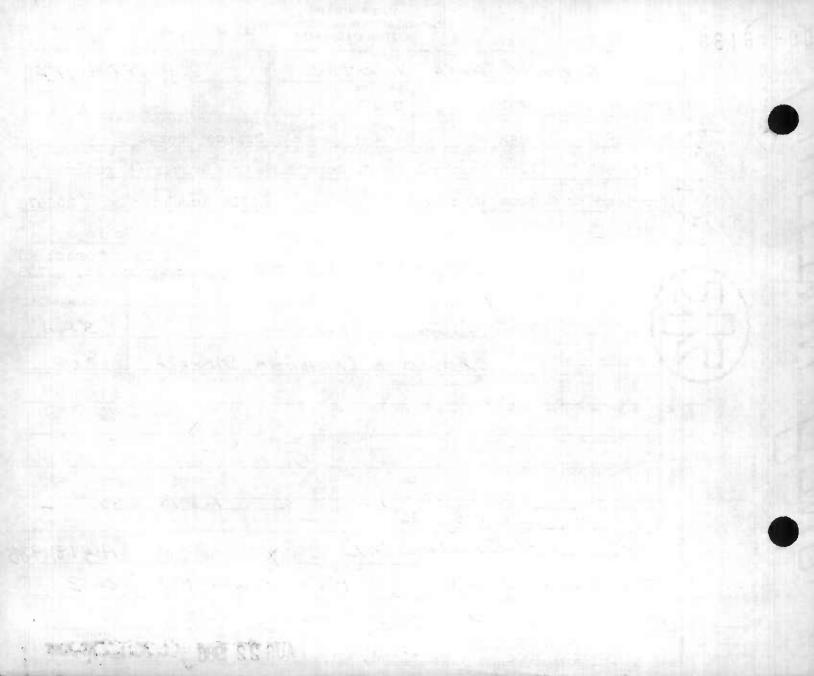
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME TO DATE KNOWNX MONTH DAY 76 HOUR (TYPE OR PRINT) OF ESTI-**UPPERMAN** STEVEN LEE 4 RACE AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 8-30-86 6:40a April 26,1968 White 18 YRS TE CITIZEN OF WHAT COUNTRY? HPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED GN COUNTRY Prince George's County Maryland USA WIDOWED [DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Estbd. interstate 495 just E. of ramp to College Park Carpenter Building 134. INSIDE CITY LIMITS? 130 STREET ADDRESS Rt. 1 Box 159 Maryland Garrett Swanton NO ST A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles William Upperman, Jr. Christa Herta Thomas 166 SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Charles Upperman, Jr. 219-86-7064 same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH WARDED TO THE CHIEF MEDICAL LEGATIONS IN THE PAGE 3 SHOULD BE USED AS A BURIAL - TRANSII PERCENTE OF PRACE 3 SHOULD BE USED AS A BURIAL - TRANSII PERCENTE OF THE OFFICE O PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔀 NO [216. TIME OF INJURY 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING driver of an auto/fixed impact 6:30AM 8-30-86 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 710 PLACE OF INILIRY (ATHOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTION PAGE 3 ATTER DEATH WITH THE STATE DE BATTIMORE MARYIMUS 21201 P STREET, FACTORY, FARM ETC 1 Eastbound interstate 495 just Esouniv WHILE AT WORK AT WORK hawy. of ramp to interstate 95 N orth Prince Georges Autopsy X and in my Com, Md. 22e I certify that I taak charge of the remains described above, held an Accident X Suicide Hamicide L Undetermined manner Natural causes TITLE (SPECIFY) DATE SIGNED 8-30-86 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Garrett Memorial Gards. Oakland Garrett, Maryland 07/84 24 FUNERAL DIR **DHMH** - 17 Durst Funeral Home - Oakland, Maryland 21550 (VR A15 ME (5))

farie par box s .er ------In the second If he eggs . The province release the common op-

Tombreak there are less to less than the control of the less than the less

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN [] MONTH DAY ESTI-Upshur N. Frank DEATH MATED Aug. 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Black 91YRS DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Prince George's D.C. WIDOWED DIVORCED | O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Retired-G.P.O. U.S.Gov Fairmount USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 30 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS D.C. Washington 47th St. . N. E 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Upshur Francis Nahar E118 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 579-38-9429 Odessa V. Upshur-Same as No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PARTIDEATH WAS CAUSED BYreleaster cardiovanular disarre IMMEDIATE CAUSE (O. DE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21e EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes death resulted from: . Accident Suicide Hamicide Undetermined monner FUNERAL DIRECTER DESCRIP MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto P. Rodyiguez, M.D. STATE ARMONY MEM. TARK LANDOVER, P.G. 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE IVE ATS ME (5))





FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| L | | | | | REG. 19 | O. | | | | | | |
|---------------|---|---|----------------------------------|--------------------------|---------------------------|--------------------|-------------------|-----------------|--|--|--|--|
| | DECEASED NAME FIRST YPE OF PRINT) | WIDDLE | L | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR | | | | |
| 1, | ROBE | RT LINWOOD V | VAN SW | VARINGEN | AUC | GUST | 5 1986 | 1:40pm | | | | |
| 3 5 | SEX | 4 RACE | S. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY | IF UNDER I YEAR | IF UNDER 24 HRS | | | | |
| 1 | Male | Caucasian | Marc | h 31, 1913 | 73 | YRS | MONTHS DAYS | HOURS MIN. | | | | |
| 7a. | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY C | | Y OF DEATH | | | | | |
| 4 | Atlanta, Ga. | U.S.A. | MARRIE | DIX NEVER MARRIED U | Prince Ge | | | MD. | | | | |
| 10. | CITY OR TOWN OF DEATH | 11, NAME OF HOSPITAL, NURSIN | | | 120 USUAL OCCUPAT | | 126. KIND O | F BUSINESS OR | | | | |
| | Camp Springs | Malcolm Grow Ho | - | 1 AAFB | Dir. Of Se | curit | U.S. | Govt. | | | | |
| 130 | STATE 136 COU | ROTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 136 CITY OR TOW Arundel Davidson | /N . | 134. INSIDE CITY LIMITS? | 3530 Patux | / zip cor ent I | River Ro | ad 21035 | | | | |
| 117 | FATHER'S NAME | MIDDLE | | 15. MOTHER'S MAIDEN NAM | ME | | LAF | | | | | |
| V_{-} | Wilden | Fiske Van Swar | ingen | Alice | MIDDE | | Ke | wley | | | | |
| 160 | WAS DECEASED EVER IN U.S. A | | JRITY NO. | 17. INFORMANT | ADDR | ESS | | | | | | |
| V | Yes no or unknown) 1932 | 2-1960 228-34-01 | 34 | Doris Van St | waringen S | ame a | as 13 A- | E | | | | |
| F | IR CAUSE OF DEATH (Enter of | 18 CAUSE OF DEATH IEnter only one couse per PORESPIRATORY ARREST PART I. DEATH WAS CAUSED BY: | | | | | | | | | | |
| | | BETWEEN | MATE INTERVAL DISET AND DEATH | | | | | | | | | |
| 1 | IMMEDIA | | | | | | | | | | | |
| 1 | 6 49 4 | | | | | | | | | | | |
| 1 | Canditions, if any, which gave rise to immediate | (b) Metas | 1 | - 1 | | | | | | | | |
| | cause (a), stating the underlying cause last. | | | | | | | | | | | |
| | onderlying coose loss. | | | | | | | | | | | |
| Ιz | | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION G | IVEN IN PART I | 0 | | | | |
| CERTIFICATION | | | | | | | | | | | | |
| S | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY2 | 20b. IF YI | ES, WERE FINDIN | OF DEATH? | | | | |
|] # | | | | | YES NO | | YES 🗌 | NO 🗌 | | | | |
| E | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH D | AV VEAD | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJU | JRY IN ITEM 18 | PART OR PART 2) | | | | | |
| 1 | OR CONTRIBUTING CAUSE OF DE | AIR | 19 | | | | 1 | | | | | |
| WEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | | COUNTY | - | | | | |
| 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC | STREET | CITY OR TO |) WN | COUNT | STATE | | | | |
| | 22al certify that (I) (this hasnital) attended the deceased from 12 Acc 10 R le to 12 ACC 10 R le that (I) (we) lock | | | | | | | | | | | |
| | say the deceased give an U AV 9 19 RCP and that in (my laur) any and early accurate and how and from the court and how and and | | | | | | | | | | | |
| | | | | DEGREE | | | 22c DATE | | | | | |
| 1 | The Table | MITRY | | ATTENDING | MEDICAL STA | | 1.1 | 010 | | | | |
| 1 | 228. PHYSICIAN'S NAME (TYPE | 00.000(1) | | PHYSICIAN | DIRECTOR PHYSIC | IAN | Justi | 19 8 4 | | | | |
| 1 | 1 | 101 7 | | MALCOLM GROW | MED CEN AN | DREWS | AFB MD | 20331 | | | | |
| L | comitm, | refer - | | | | | | 5300 | | | | |
| 1 | BURIAL, CREMATION, REMOVA | 1 236. DATE 23c. 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE | | | | |
| L | Burial | Aug. 11, 1985 7 | rling | tom National | | rton | Arlingt | | | | | |
| 24 | FUNEDAL DIDECTOR PA | FINARA HOMO In | | WII | DECID DU DECICEDA | 25.00 | THE PERSON OF | | | | | |

DHMH-16 60M 7/84 6633 Old Alexander Ferry Rd. Clinton, Md 20735

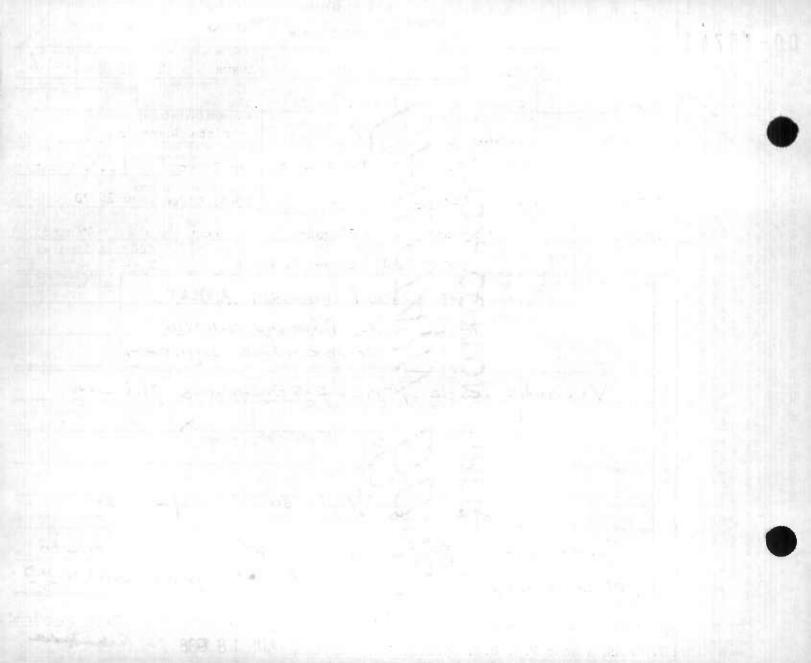
.f ARREST

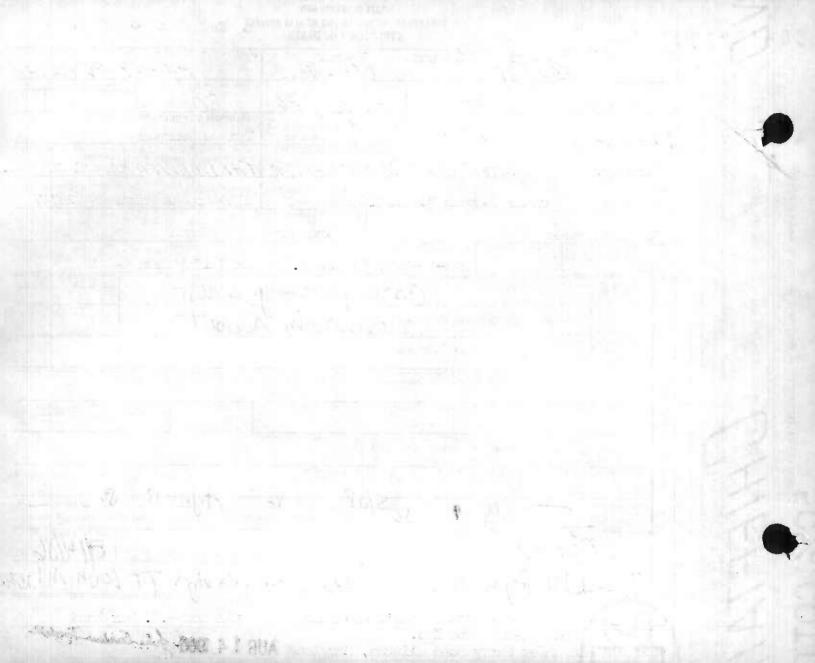
The state of the s

DEMITRY

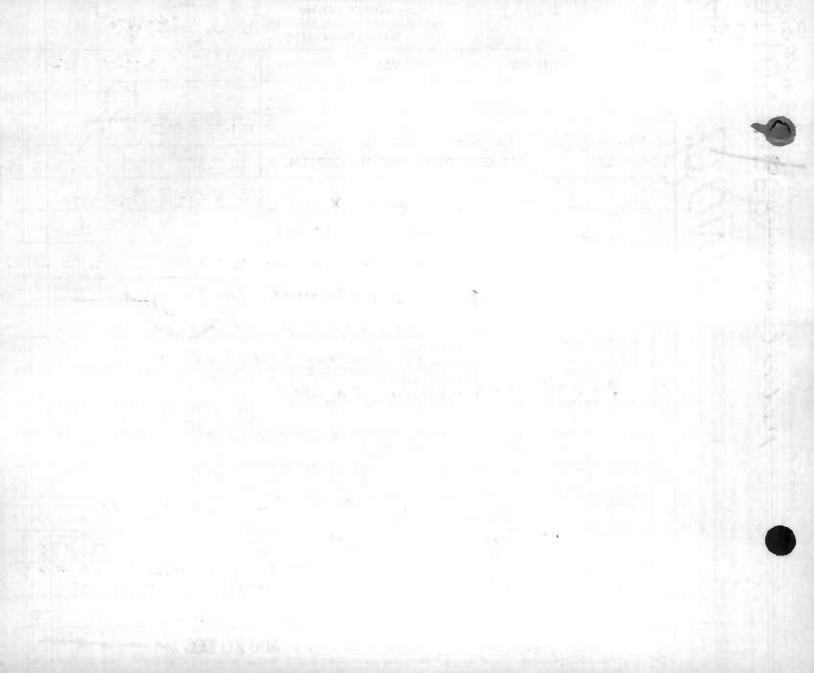
DHMH - 16 60M 7/84 (VRA 15, 4)

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland





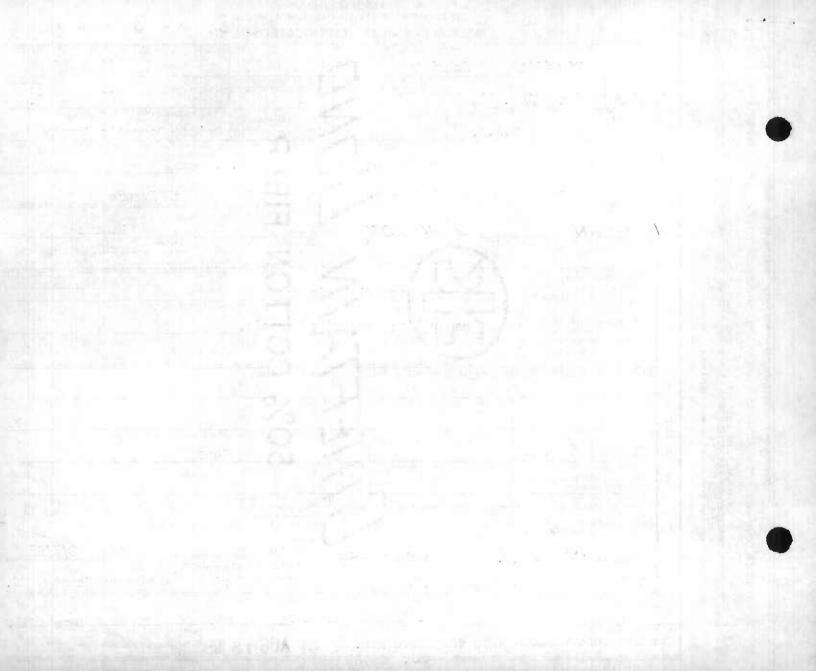
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) ELIEROY WALL 8-18-86 BA-M 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 1933 6 Male American TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVERMARRIED PRINCE GEORGE U.S.A. North Carolina WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION PRINCE" GEORGE EGENERAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY Auto Bdy Sh Manager USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 6603 Wilburn Dr 20743 SeatPlesant YES X MD PG 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME SIRST MIDDLE MIDDLE Moore Flossie Wall Lawrence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** 244-40-547 Gwendolyn Wall 6603 Wilburn Dr 20743 1954-1956 ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: MYOCARDIAL PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the PULMONARY EDEMA 3 underlying cause last 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this hospital) attegded the deceased from, AUGA sow the deceased alive an MUG *
abave, (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinion death occurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING 0 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN NAME (TYPE OR PRINT) RD 4EG shoul BURG 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE MY 8/21/86 Maryland National Laurel Burial 24 FUNERAL DIRECTOR 7474 Landover 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE tiche Neurdon-Mondales DHMH - 16 60M 7/84 J.B. Jenkins Funeral Hm. Landover, MD (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2g. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) RALPH 9:15a .. NORWOOD AUG 19 1986 SR WET.CH 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 38 male hlack TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Washington, D.C. USA WIDOWED DIVORCED [Prince George 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Andrews AFB Malcom Grow USAF Medical Center Soldier Army USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 4709 Pelham Court 20748 Temple Hills Maryland Prince Geo. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Welch Olga W. Clarke 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INEQRMANT Md. (IF YES, GIVE WAR OR DATES) Yes Viet Nam Sharon D. Welch. 4709 Pelham Ct. Temple Hills. 579-52-2225 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIQRESPIRATORY FAILURE talura IMMEDIATE CAUSE (0) CHRONIC RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF tuilore Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO \square 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that XII (this haspital) attended the deceased from June 86 19 AUG .86 sow the deceased plive on 19 AIIG above, who (did) (did to view the body ofter death. 19. 86 . and that in (🔭) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 19 AUG 86 220 PHYSICIAN'S NAME TYPE OR PRINTI MALCOLM GROW USAF MEDICAL CENTER IMPORT/ the ANDREWS AFB, MD 20331 INGART. CPT. USAF MD 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8/25/86 Arlington National Ft. Myer, Virginia 24 FUNERAL DIRECTOR ADDRESS Washington, DC DHMH - 16 60M 7/84 (VRA 15, 4) McGuire Funeral Service, 7400 Georgia Ave. N. W.

The state of the s DATES SEED WELLE TOTAL STATE AND SEED TO SEED Part of the second of the seco AM 21 The Charles Species

| | | | | | | | | | ARYLAN | | | | | | | |
|-------------------|--|---------------------------|------------------|------------------------------------|-------------------------|----------------|------------------|--------------|--------------------|---------------|-------------|------------------|--------------|----------------|----------------|---------------------------|
| | | | FOR STATE | | | | MENT OF H | | | | -7 100 | | 2 3 | 9 | 7 1 | |
| 1 1 | 5369 | | REGISTRAR | | ME | DICAL | EXAMIN | ER'S C | ERTIFIC | CATEO | PDEATH | 1 | REG. NO. | | D-0 4 | |
| | 2201 | | CEASED NAME | FIRST | | WIDDLE | | | LAST | | 20 | DATE KNO | WN (X) | MONTH DA | AY YEAR | 2b. HOUR |
| | DV oc v5 1/2 +-* | (111) | E OR PRINT) | Virgi | nia (| Schmid | dt | We | 1ch | | 0 | OF ES | TED T | 8/6 | 1986 | |
| | A CHOSE | 3. SEX | | 4. RACE | 5. DATE OF BIRTH | Jermire | 6. AGE (IN YEA | | | IF UNDER 2 | | DATE | , and | | DAY YEAR | M HOUR |
| | ST TE | г. | | 11624 | MONTH DAY | YEAR | LAST BIRTHDA | MONTH | | | | NOUNCED | | 0.16 | 06 | 6:50 |
| | AND STATE | Street, or other party of | emale | White | Aug. 31, | 1906 | 79 YR | S. | | | | DEAD | | 8/6 | 1986 | P. M |
| - | SE S | 10 | RTHPLACE (ST | ATE OR | 76. CITIZEN OF W | HAT COUN | ITRY? | MARRIE | D NEV | ER MARRIE | D PB | ALTIMORE | CITY OR | COUNTYO | FDEATH | |
| • | 京るできたり | | w York | | U.S.A. | | 45.65 | WIDOW | | DIVORCE | D 🗆 P | rince | Geor | ge's | County | / MD. |
| | おおいます | 10. CI | TY OR TOWN | OF DEATH | 11. NAME OF HOS | | | OR OTHE | R INSTITUT | ION | 12a USUAL | OCCUPATION | ON (TYPE OF | WORK 12h | KIND OF BU | |
| | Poga N | B. | ladensb | ura | 2000 | | h Avenu | e | | 100 | R.N. | Nurse | e. | H | ospita | |
| 1/2 | 35598 | USUA | AL RESIDENCE | IF IN NURSING HOME | OR OTHER INSTITUTION, G | IVE RESIDENCE | BEFORE ADMISSIO | NI | | | | | | | DOPICE | |
| 000 | 報道部 | | aryland | Princ | e George's | R1: | adens bu | ra | 13d INSIDE CIT | NO [| 3800 | ADDRESS - 56+ | h Ave | nisa | 2/10 | |
| 1 0 | 70000 | - | THER'S NAME | TITIO | c deorge . | 51 010 | a d C 113 D d | | | | | - 300 | II AVE | TIUC | | |
| | E-1895/ | 1 | FIRST | / | WIDDLE | COM | LAST | _ | | R'S MAIDEN | ALAMINE | MIDDLE | | | LAST | |
| 8 | 998 | 160.37 | VAS DECEASED | EVER IN U.S. AR | MED FORCES | 3 C 17 | IAL SECURITY | / NO | Juli 17. INFORM | | | A.5 | DDDECC | Hent | | |
| 1 | A POSSO | {Y | ES, NO, OR UNKNO | | E WAR OR DATES) | | | | | | | 128 | 87°Ce | ntral | Avenu | ie |
| 8×1 | JRS AFTER B. GIVE PA WITH FO T. PAGES DIVISION | No |) | | | 213- | -42-680 | 0 | R. Pa | atrick | Welc | h Day | vidso | nvill | e, Md. | 21035 |
| 2 | NIT. | | 18 CAUSE O | F DEATH (Enter or ATH WAS CAUSE | nly ane cause per line | far (a), (b) |), and (c).) | | | 300 | | | | | APPROXIMAT | E INTERVAL T AND DEATH |
| PRESTON ST | 24 HOUR TITEM 18. ONG W PERMIT. SIENE, D | | TAKTIDE | | TE CAUSE (a) | Acute | myocar | dial | disea | ase | | | | | | |
| STC | A P P P P P P P P P P P P P P P P P P P | 190 | MITTE | | DUE TO, OR | AS A CON | ISEQUENCE C | F | | | | | | | | |
| - A | A A NA A A A A A A A A A A A A A A A A | | | s, if any, which e to immediate | | genera | alized | arte | rioscl | lerosi | S. | | | | | |
| 3 | SA PER SE | | cause (a) | stating the under | () ' ' ' | | SEQUENCE C | | | | | | | | | |
| 201 | NA A K | | lying cau | se last. | (6) | | | | | | | | | - 4 | | |
| | UID BE EXECUTED WITHIN 24 PENCIL IN ITEA "PENDING" IN PENCIL IN ITEA ED AS A BURIAL - IRANSIT PER HEALTH AND MENTAL HYGEIF AL, CREMATION, OR REMOVAL | | PART 2 OTHER SIG | INIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELA | TEO TO THE TERMI | VAL DISEASE | OR CONDITION | GIVEN IN PART | 1 (a) | | | | | |
| RECORDS | NDIN NEDIC NS A B | Z | | | None | | | THE GIVEN SE | 04 (0110111011 | OTTEN IN TAKE | · · · · | | | | | |
| E E | EA A REID | CERTIFICATION | 19a. DATE OF | OPERATION | | TION FOR Y | WHICH OPERA | TION W | AS PERFORM | MED? | | | | 12 | 0. AUTOPSY | 2 |
| ₹ | 00=24- | F. | Non | | | | | | | | | | | | | |
| > | PEN | E | Non- | L CAUSE WAS | 21b. TIME O | FINITION | | T21, NO | W INJURY C | OCCUPPED | | | | | YES 🗌 | NO X |
| ō | ZHESKO- | | UNDERLYING | | | | DAY YEAR | I III HO | W INJURT | OCCURRED | (ENIEK NATU | RE OF INJURY IF | NITEM 18 PAR | I I OR PART 2) | | |
| Ö | FE CHASE | S | | G CAUSE OF | | | 19 | 1011 | | | No | ne | | | | |
| DIVISION OF VITAL | CERTIFICATE SHA SITING THE WORK SDED TO THE CH E 3 SHOULD BE U E DEPARTMENT O | MEDICAL | 21d. INJURY C | NOT WHILE I | 21e PLACE (| TORY, FARM, E1 | | 21f LOC | REET | | CIT | Y OR TOWN | | COUNTY | | STATE |
| ۵ | 0 E E O E Z | | AT WORK | NOT WHILE [| | | | 25 | | | | | | | | |
| | NER: THI CATE, W FORWA FORWA THE STA AND, 21; | | | | ge of the remains de | scribed aba | ve held on | Autops | , П | Inspection | X | nquiry 🔲 | and | n my apınıar | | 1 |
| | | 100 | death resulte | | ral causes X | Accident | | ide . | _ | de . | _ | ned manner | | i my apiniai | | |
| | NE NITE | | dedili resolle | Tidio Tidio | Torcooses (AL) | Accident | |) loe L.J. | | | Undetermi | nea manner | <u> </u> | | | |
| | 3 255€ | | ACTUAL / | 11 | | 11 | 500 | | TITLE (SPI | outy | | | | DATE | 8/7/ | 186 |
| | ZER RES | | SIGNATURE | 7 | 3.6 | / | 1 | 1 m | | 1919 S | MEDICAL | EXAMINER | 2 | SIGNED_ | 0/// | 00 |
| | N S S S S S S S S S S S S S S S S S S S | | EXAMPLER'S | NAME Joh | n S. Roger | rs, M. | K | / | 2 | Silven | Snri | ng Kuc | antao | many | County | , Md |
| | TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNDE TO FUNDE TO FUNDE BALTIMORE, MARYL | 22a PI | INVERTOR PRIN | - | | | LAME OF CO. | | | | | | onego | mery | County | , riu. |
| | | (5 | PECIFY) | ION, REMOVAL | | | NAME OF CEM | | | | 23d LOCAT | | | COUNTY | SI | TATE |
| 07/84 25M | BP | 74 EL | Buri | TOR | 8/9/86 | | . Linc | | 101 | E- DATE DE | Breni | boow. | Prin | ace Ge | orge! | s Md. |
| | DHMH - 17 | Ga | sch's I | uneral F | Home 473955 | Ralt 4 | more A | 70 T | 7: | So. DATE RE | A S 40 | OC 25 | REGISTA | RAR'S SIGN | ature bandalis | |
| | (VR A15 ME (5)) | | | 1 | 4755 | Datel | MA STORE | 7e. I | iyacts | AUG | 1319 | 86 / | MILL PORT | Jacob - N | 1 | |
| | | | | | | | riu. Z | 7/01 | | | | - 127 | | | | |



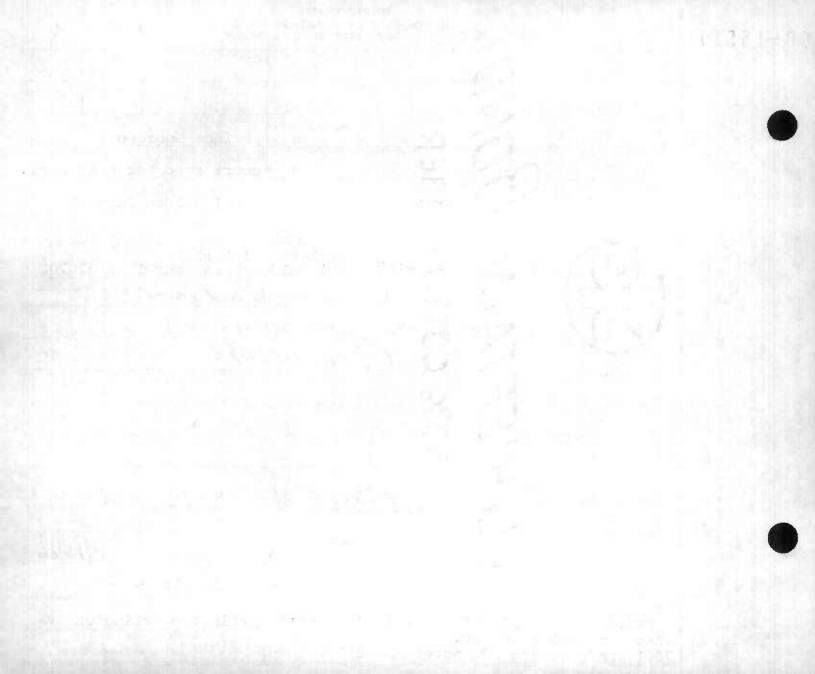
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH 24 HOUR AM CONSTANCE L. WELLS TYPE OR PRINTS de 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR 1927 Black 10 Female June a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN BALTIMORE CITY OF COUNTY OF PEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PROPERTING THE STREET OF THE TOTAL HOSPITAL 12a USUAL OCCUPATION 126, KIND OF BUSINESS OR CHEVERLY [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Registered Nurse Children's Hosp USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1400 Pine Grove Rd. Maryland P.G. Capitol Hgts YES X NO T Co. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Theodore R. Eubank Myrtle Lomax 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 578-44-3055 Everett R. Wells (Husband) Same as # No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY PNEUMONIA BILATERAL IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF METASTATIC CANCER (ORIGIN NOT DETERMINED) Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ABSCESS OF LEFT LUNG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove in (we) idid) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR | PHYSICIAN MPORTANT: should be a with the Sta 22d. PHYSICIAN'S NAME ITYPE OR PRINT! 22e ADDRESS LEONARD SCHULKIND MD PGGH & MC CHEVERLY MD 0 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION (SPECIFY) Aug/30/86 Cremation Chambers Crematory Riverdale, P.G. Co., Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 5 1986 DHMH - 16 60M 7/B4 which wildow fordate Riverdale, Maryland (VRA 15, 4) Chambers Funeral Home

Property and desire to the property of

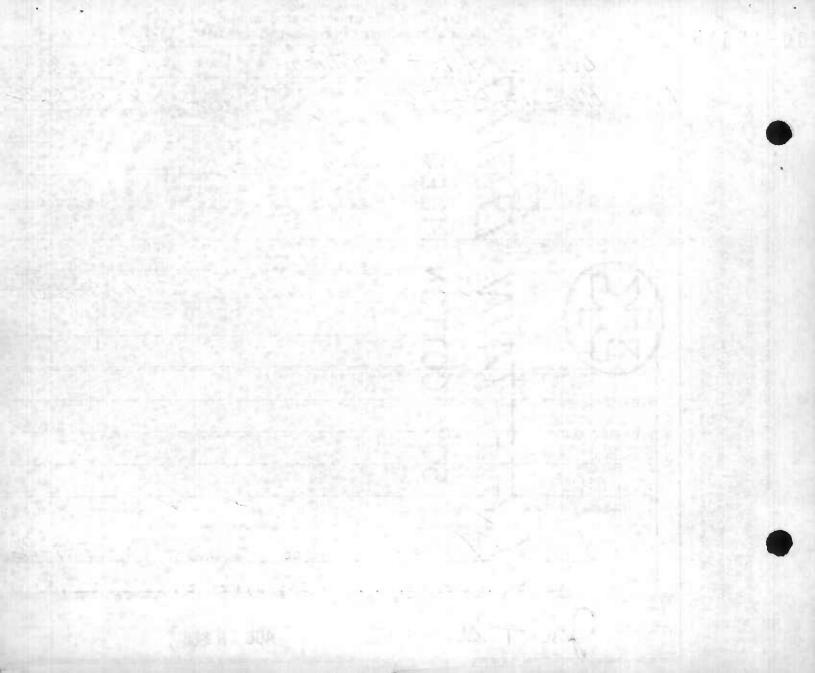
The Particular Control of the Contro

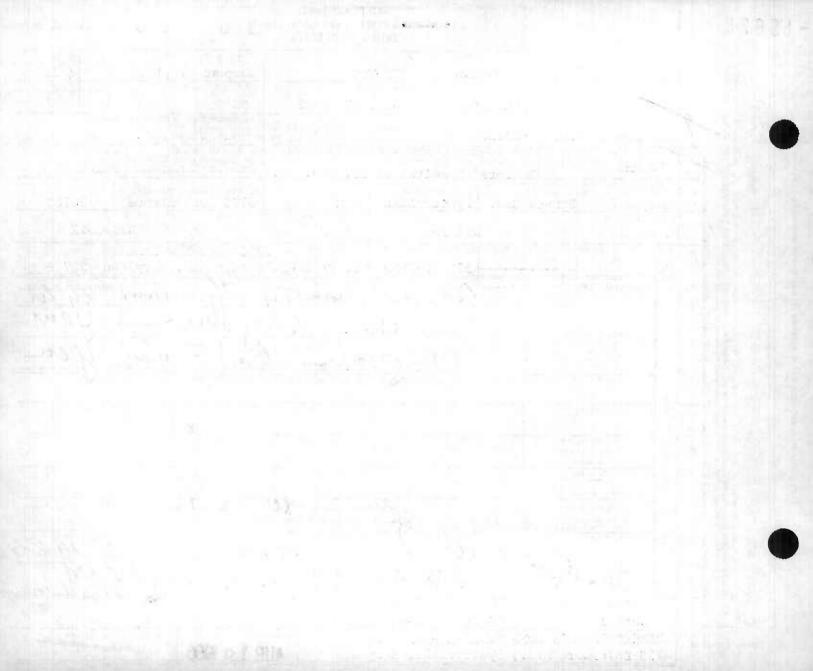
Approx device self 504 to despitate .Figures englet bestern asomer in actif the many thanks the south at all the state of the Spectrum . . . Dr. 2016 green D III was 38 II. West R & Bush . D. Elly now, Sons Loren's mal. A. of earth of the control of the

| | | | | | STAT | E OF MARYLAND | X | |
|--|--------------------------|---------------|---|---------------------------------------|-------------------------|------------------------------|--|---|
| 0 1 5 | C 0 7 | 1. | FOR STATE | | | EALTH AND MENTAL HY | GIENE 5 2 3 | 4 5 U |
| 0-15 | 587 | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | |
| | | | EASED NAME FIRST | MIDDLE | | ASI | 20 DATE OF DEATH MONTH DE | 4 1100K |
| be be | or deoth | (I,THE | Alma | Paul | Wic | K | 8 / | 3 86 2 A M |
| moy | P | 3 SEX | | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER I YEAR IF UNDER 24 HRS |
| ige 4 | urs aft | 1 | temale | White | 12 | 19 1903 | 82 YRS. | ONTHS DAYS HOURS MIN. |
| 4 P | 2 ho | Je Bi | OUNTRY) . A | 76 CITIZEN OF WHAT CO | OUNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| deat | 7 6 | N | lest VA, | MOH | WIDOW | DIVORCED | Prince George | 26 MD. |
| offer of | D 0 | | TY OR TOWN OF DEATH | NOT IN SUCH FACILITY. | GIVE STREET ADDRESS) | DR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | |
| urs o | be filed | - | urel AL RESIDENCE (IF NURS - 100 - 2 | Greater OTHER INSTITUTION GIVE RESID | Laurel N | Nursing Hom | court reporte | r self empl. |
| ND 21 | onld be | 13o S | TATE UL COU | INTY 13c. CITY | vortown urel | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CODE 9001 Golden | Pass 2070 |
| within | | _ | THER'S NAME | | LAST | 15 MOTHER'S MAIDEN NA | AME | |
| MAR v d v | 160 | 1 | Jelliaha Di | AU/ | LAST | 5/12 Rbet | A MIDDLE BASO | AST LAST |
| RE, P | s 3 /a | | AS DECEASED EVER IN U.S. A | | CIAL SECURITY NO. | | Timberlake | |
| BALTIMOR | Pages | () | | A. 23! | 5-24-167 | 6 9001 Gold | | MD 20708 |
| ALTI Te bi | the the | | 18 CAUSE OF DEATH (Enter o | | | P JOOT GOIL | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| The state of the s | movent, | | | ATE CAUSE (D) Advo | | renorderese | Heart Drm' | DELIVED ON SET AND DEATH |
| Z S S | rbor or rel | | IMMEDIA | | | | | |
| PRESTON ne deoth c | ation, o | | Conditions, if any, which | DUE TO, OR ALLO | pa ATTO | · pro-No | MANORS- | |
| a de de | mat) | | gove rise to immediate cause (a), stating the | 10) | 2 | | 1 10 | |
| W in the | othe | 14 | underlying couse lost | DUE TO, OR AS A | IN IN | farmer: C | IPAC | |
| 201 es th | o o | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBU | TING TO DEATH BUT | 1 | MINAL DISEASE OR CONDITION GIVE | N IN PART 1 in |
| dur qui | Then p tabu njury, | NO | | | | U | | |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of offending physician. | prior ony | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FC | R WHICH OPERATIO | N WAS PERFORMED | | WERE FINDINGS USED |
| L RE one do one. | Ns Je | IIFIC | | 100 | | | YES TO NO X IN CERTIFY | ING CAUSES OF DEATH? |
| VITA Sicio | Hygier 18 sho | CER | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | 21c. HOW INJURY OCCUI | RRED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT OR PART 2) |
| SICIAN: T ag physici | tental Hyper 18 | | OR CONTRIBUTING CAUSE OF DE | EAIN | ONTH DAY YEAR | | | |
| PHYSICIAN: ending physithis certifical | o A bu | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJUI | RY | 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| VISI G Pl | the ed | X | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTO | DRY OFFICE, FARM, ETC) | 2 1 - 87 | d . 3 | CA |
| 00 | se as roolth a | | | pital) avended the deceas | sed from | - 04 19 OF | 5 to 5 13 | 9 that (I) (we) lost |
| R ATTEN hospital | | | sow the deceased alive a | | 1986 0 | nd that in (m) (our) opinion | death occurred on the date and hour | and from the causes stated |
| OR ATI | hed ept. | | 226. SIGNATU- | or view the body offer dec | //- | DEGREE | | 22c DATE SIGNED |
| 7 = 7 | + 0 | | me | mexrun | cer 1 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 8713182 |
| O HOSPITAL eroined by th | | | BG man | grala. | | 14201 a | laurel farh | Dr. |
| J e | s s ≤ | | URIAL, CREMATION, REMOVA | | 23c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| BP | | | Burial | 8/15/86 | | gton Nat'1 | Arlington Arl | ington VA. |
| DHMH - 1 | 6 60M 7/84 | 24F | leck Füheral | Home Inc. | ADDRESS | 25a DA | | |
| | (15, 4) | 76 | 01 Sandy Sp. | ring Rd La | urel MD | 20707 A | 16 18 1986 1000 | The second |



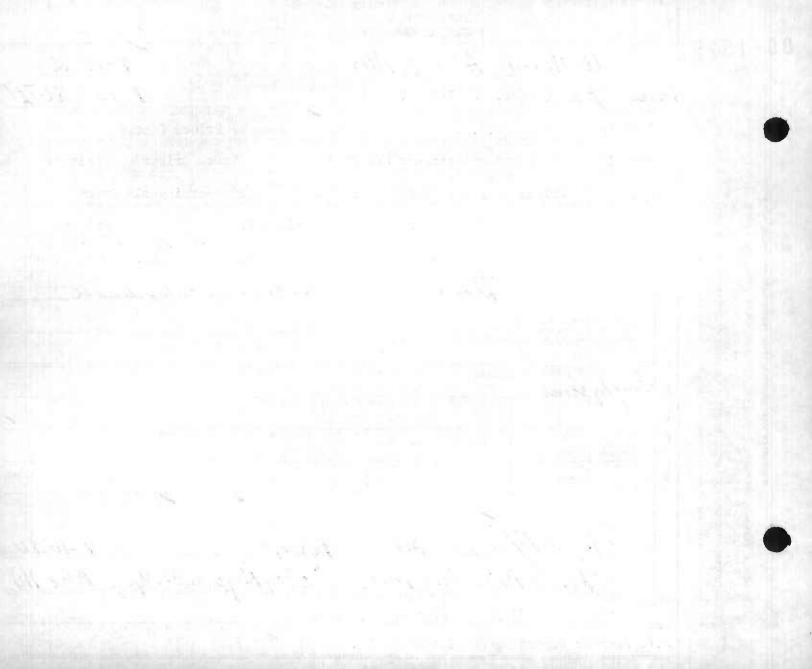
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE MARRIED NEVER MARRIED FORFIGN COUNTRY North Carolina USA WIDOWED [DIVORCED PRINCE GEORGE"S LCITY OR TOWN OF DEATH IT MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Plumber CLINTON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 30. STATE COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS of Columbia 230 33rd Street, N.E. District Washington YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Mills Williams Freddie John Mrs. Dorothy H. Williams-wife- 230 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 32 7003 242 Street, N.E. Washington, D.C. 18 CAUSE OF DEATH (Enter only one couse pen ine for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: be alle IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. RECORDS, 201 BURIAL AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO ED AS A F CERTIFICATION 19a. DATE OF OPERATION USED, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RIA E. WRITING RWARDED TO ING R: PAGE 3 SHOULD BE UN TATE DEPARTMENT OF PRIOR TO BUT YES NO D 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 THE PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Notural causes Accident Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATUR EXAMINER'S NAME Augusto P. Rodriguez, M.D. __ADDRESS 5009 Rayburn Ct . Temple Hills, MD TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Trenton, North Carolina 1986 Trenton Cemetery Burial BP. 07/84 25M 24 FUNERAL DIRECT 256 REGISTRAR'S SIGNATURE DHAH F17 (VR A15 ME (5) heral Home-4001 Benning Road Stewart



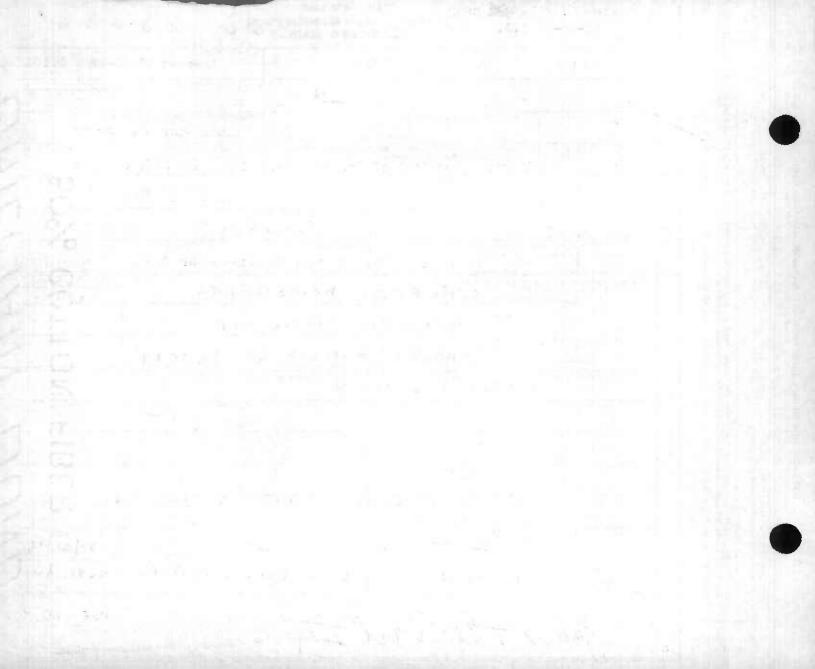


1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN I OF ESTI-DEATH MATED IF UNDER 1 YR. DATE Oct. 25, PRONOUNCED 1912 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Virginia U.S.A. Prince George's DIVORCED WIDOWED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Private Prince George's Hospital Truck Driver Cheverly LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) Prince George s Chapel Oaks 13d. INSIDE CITY LIMITS? 1218 Farmingdale Avenue Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Joshua Willis Caledonia DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Chape Pe Oaks, Maryland (YES, NO OR UNKNOWN) 578-14-0426 Mary E. Willis, 1218 Farmingdale Avenue 18 CAUSE OF DEATH (Enter anly ane cause per Ine far (a), (b), and (c) PART I DEATH WAS CAUSED BY beto arteroplestes cardiovocular deces IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PARTA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy and in my apinian Natural causes Suicide Homicide Undetermined manner 8/16/86 Harmony Memorial Park Landover 07/84 25M 14. FUNERAL DIRECTOR **DHMH - 17** J.B. Jenkins Funeral Home, Landover, Md. (VR A15 ME (5))

STATE OF MARYLAND



| | 1 | | ilm 622 G622 | STATE OF MARYLAND | OFFICE AND ADDRESS OF THE PROPERTY OF THE PROP | | | | |
|--|---------------|--|--|---|--|--|--|--|--|
| 16603 | 1 | STATE 12-16-86 | S I.J. | ARTMENT OF HEALTH AND MENTAL HY | REG. NO. | 3 9 3 4 | | | |
| ag # | | CEASED NAME FIRST Viola | W. | WILSON | 20. DATE OF DEATH MONTH August 2 | 21, 1986 2b HOUR 1:10 | | | |
| 4 moy | 3.58 | | 4. RACE | S. DATE OF BIRTH March 15, 1915 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 H | | | |
| Poge | - | Female | Black 7b. CITIZEN OF WHAT COUN | | 9. BALTIMORE CITY OR COUR | | | | |
| deoth. | W | ash.,D.C. | USA | MARRIED NEVER MARRIED WIDOWED DIVORCE | Prince George | | | | |
| s offer of the the lited with | 10.0 | Lanham | (IF NOT IN SUCH FACILITY, GIVE S | IRSING HOME OR OTHER INSTITUTION ITREET ADDRESS) Ital of Pr. Geo. Co. | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Retired Sc | 12b. KIND OF BUSINESS GUIFE) INDUSTRY hoo! Teacher | | | |
| 124 hour | 13a. | AL RESIDENCE (IF NURSING HOME OF STATE 13b COU! Maryland I | R OTHER INSTITUTION, GIVE RESIDENCE | TOWN 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CO | Street 080 | | | |
| od within | | ATHER'S NAME FIRST harles P. Wil | MIDDLE LAST | 15. MOTHER'S MAIDEN NA Florence | MIDDLE | LAST | | | |
| d co | 160 | WAS DECEASED EVER IN U.S. AR | | SECURITY NO. 17. INFORMANT | ADDRESS | | | | |
| S. Pag | | yes | 577 2 | 4 2599 Brenda Br | own-daughter | -3600 Rippli | | | |
| physicie physicie movol. | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CERE BRAL HEMORRAGE 12 HM | | | | | | | |
| th cer nding corbo or re soric e | | WW.EDIA | DUE TO, OR AS A CONS | | | | | | |
| e deo move notion troum | | Canditions, if ony, which gave rise to immediate | ((b) AP | SNA DITERS | MIH | | | | |
| thot the second of crements of the second of | | cause (a), stating the underlying couse lost. | DUE TO, OR AS A CONS | ONIC WAECOID | LENKEMY | | | | |
| requires an signed Then pl in pury, o | NO | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | GIVEN IN PART TIO | | | |
| The low rion. I permit the prior pri | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WI | HICH OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO | | | |
| SICIAN: T ng physici certificate certificate miol-trons entol Hygi frem 18 sh | | 210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE. | | DAY YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | | | |
| offendir fer this st the bu hond Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FICE, FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STAT | | | |
| TENDIN outel or TOR: Af for use of theolif | | 220.1 certify that (1) (this hosp- saw the deceased alive an | ital) attended the deceased fr | | death occurred an the date and | that (1) (we) | | | |
| the hosp the hosp of DIREC etoched the Dept. | | 22b. SIGNATURE | and the bady after death. | DEGREE ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 224. DATE SIGNED | | | |
| TO HOSPITAL (etoined by the TO FUNERAL I should be deto with the Store E IMPORTANT: If | | 22d PHYSICIAN'S NAME (TYPE OF | OR PRINT) ATHEW | | 6 milwork 4 | vi. Rivadd | | | |
| 0 g 0 g g 4 | | SURIAL CREMATION REMOVAL | 23h DATE | 23c NAME OF CEMETERY OR CREMATORY | 734 LOCATION Lift DETOWN | COUNTY - STATE | | | |
| BP | Proposition | urial INERAL DIRECTOR AS | Aug. 25/1 | 986 Lincoln Memo | orial Cemeter | | | | |
| DHMH - 16 60M 7/84 | 35.00 | tewart Fune | Y HOME AND | REDUCE HE ACT | 28 JUST HARTS REC | ISTRAR'S SIGNATURE | | | |

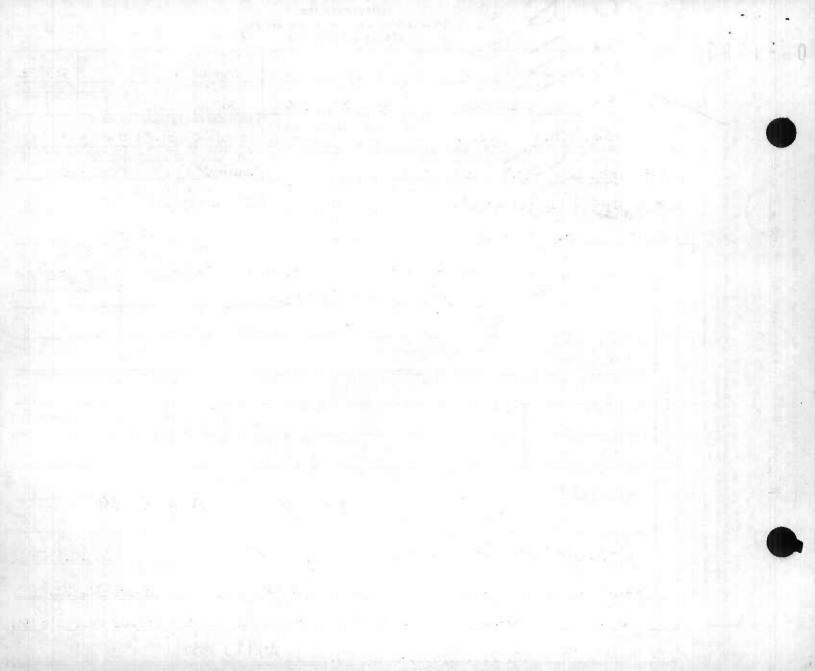


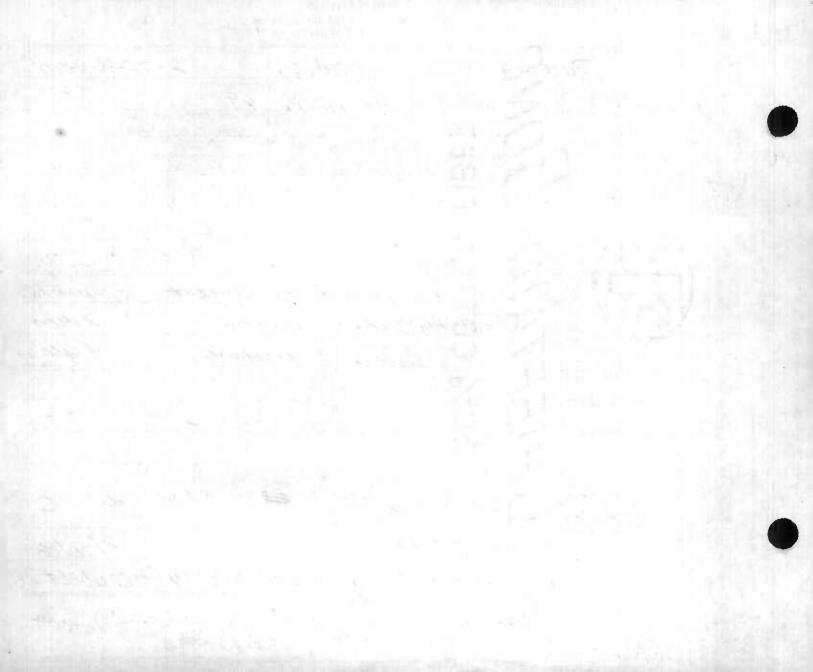
Compared to the Surgician with denot return to the terminal to the limiting to the court to Description of the color of the Marine T. T. C. B. S. C. C. C. All the broth traffic at the contract of the the committee of the state of t

| | | | ١. | FOR | | | DEPART | | E OF MARYLAND EALTH AND MENTAL | L HYGIEN | IE | | | |
|--|---|--|---------------|---|--------------|-------------------|--|---------------|---------------------------------------|-----------|-------------------------|--------------------|------------------------------|-----------------------------------|
| 00- | - 161 | 95 | Ľ | STATE REGISTRAR | | | | | ICATE OF DEATH | | O O REG. NO | 2 | 3 9 | 3 7 |
| | m c | | | CEASED NAME | FIRST | | MIDDLE | | AST | 20 | | | DAY YEAR | 26 HOUR |
| | y be | | | | ROBEF | T | Ε. | | WISE | | | 08 2 | 3 86 | м |
| | mo. | | 3 SE | | | 4 RACE | | S. DATE C | | | AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | ge 4 | 1 | Ma. | le | | Caucasi | an , | 1272 | 4/35 ^{DAY} YEAR | | 50 | YRS | NONTHS DATS | HOURS MIN. |
| | soft. Po nerol di n 72 hou | 4 | | RTHPLACE (STATE OR COUNTRY) | | U.S.A | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED | , '- pi | BALTIMORE CITY O | R COUNTY | | TY |
| = 46 | | 70 | | TY OR TOWN OF DEA | ATH | | | | HOSPITAL | (1 | USUAL OCCUPATION | WORKING LIFE | E) INDUSTRY | F BUSINESS OR |
| 270 | 100 | 8 | บรับ | AL RESIDENCE (IF NUR | SING HOME OR | OTHER INSTITUTION | N. GIVE RESIDENCE BEFORE | | | | Parts Cler | | | ompany |
| 9 | 24 h | 35 | | | | _ | | N | 13d. INSIDE CITY LIMIT | | e.STREET ADDRESS / | | | |
| IAI | hin sho | 8// | M FA | ryland THER'S NAME | Char | <u>les</u> | Waldorf | | YES NO I | | 010 Suzan | ne Rd | 2060 | 1 |
| AR | wit plete | The state of the s | 1/ | FIRST | | MIDDLE | LAST | | FIRST | | WIDDLE | | LAS | ī |
| m, | onto | | | ilbur VAS DECEASED EVER | INITIS AD | MED EODCESS | Wise 166 SOCIAL SECU | IDITY NO | Elva 17 INFORMANT | | ADDRE | cc | Greav | er |
| O | 1 35 | 10 | 100 | ES, NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES | | | | | | | | |
| NIT! | 2 5 | 1 | | No | LN/A | | 217-30-2 | 348 | Barbara J. | Wis | se Same a | s.13.7 | A-E | IMATE INTERVAL ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND | the death serufice by the ottending prose remove cording | , cremotion, or eman | | 18 CAUSE OF DEATH (Enter only one couse per line of the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | | | | | | | | | | |
| DRDS, 201 | requires the en signed Then pled | or to buriol | NOI | PART Conges | ten | Con | Cernyo | patt | OT RELATED TO THE | | | DITION GIV | EN IN PART 110 | 2 |
| RECC | low os be | o bus | CERTIFICATION | 190. DATE OF OPERA | TION | 19b. CONE | OITION FOR WILL | OPERATIO | AS PERFORMED | | 200 AUTOPSY? | 20b. IF YES | , WERE FINDIN YING CAUSES | GS USED OF DEATH? |
| IAI | The cron te ho | Show | Ē | | | 3 | | | Va | | YES NO | | S 🗍 | NO 🗌 |
| N OF VI | SICIAN: ng physic certifico | item 18 sh | MEDICAL CE | 210. ACCIDENT WAS UNION CONTRIBUTING [| CAUSE OF DEA | HOUR A | DF INJURY J.M. MONTH D J.M. | AY YEAR | 21c. HOW INJURY OC | CCURRED | ENTER NATURE OF INJUR | Y IN ITEM 18 PA | ART I OR PART 2) | |
| IVISIOI | offendis offer this of the bu | h and M | MED | 21d, INJURY OCCUR | HILE 🗍 | | OF INJURY TREET, FACTORY, OFFICE, F | ARM, ETC.) | 211. LOCATION STREET | 01 | CHY OR TO | VN | COUNTY | STATE |
| | ATTENDII ospitol or ECTOR: A | ot. of Healt em 21 is mo | | 220.1 certify that (1) saw the deceas | ed alive an | | 5 102 | | nd that in (my) (cor) api | inion dea | , ta | 25 ite and hour | ond from the | that (we) last couses stated |
| • | TAL OR by the h RAL DIR | NT: # He | | 22d PHYSICIAN'S N | Con | | gly 11 | 10 | ATTENDIN PHYSICIA | NG D | STAF | F IAN 🗌 | 8/ | 23/86 |
| | o HOSP etoined I TO FUNE | with the Sto | | R. McCO | NNAU | GHY, | 0 | | | | abus Rd. (| Oxon I | Hill Md | |
| | F 5 F 8 | - | 23a. E | URIAL, CREMATION, | REMOVAL | | 23c. 1 | NAME OF C | EMETERY OR CREMATO | ORY | 23d LOCATION | | L'OUNTY - | - STATE |
| | BP | | | rial | | 08/26 | | | an Bapt. Ch | | | | | |
| | DHMH - 16 6 | OM 7/B4 | 24 Ft | NERAL DIRECTOR I | ee Fu | neral H | ome, Inc. | | 25a | | C'D. BY REGISTRAR | | | |
| | (VRA 16 | 4) 66 | 13 | old Alexan | der F | erry Rd | . Clinton | SM . | 20735 | AUG | 2.7 1986 | richard | audson-1 | andelle |

Develop property the work of Maritime Lecentrica Francisco Mil Burrenson my tras Cademan parting . \ 5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH AUDDLE DECEASED NAME 75 HOUR THREE THE RELIGIO. 9:59P ... August 5, 1986 Helen Μ. Wiseman AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 4 RACE 5. DATE OF BIRTH 3. SEX 25, 1926 Female Caucasian May 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVER MARRIED Prince George's County Washington, D.C. U.S.A. WIDOWED ... ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewi fe Own Home Landover Hills 6705 Darby Road 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 四 6705 Darby Road 20784 P.G. Landover Hil SES TX Maryland 15 MOTHER'S MAIDEN NAME I FATHER'S NAME MIDDLE MIDDLE Sullivan Mary Ralph Μ. Davis 918 Holly Run Court 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST Brenda M. Williams Great Falls, Va. 22066 578-34-7988 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 20h, IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES T 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. JULVII saw the deceased alive an JULY 2 above, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death accurred on the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22r. DATE SIGNED MEDICAL STAFF Aug. 6, 1986 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OR PRINT) David M. Goldman, M.D. 7500 Hanover Pkwy #105- Greenbelt, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) Md. Veterans Cemetery Cheltenham Prince George's Md. 8-8-86 Buria1 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE A ... 24 FUNERAL DIRECTOR was Jack acon DHMH - 16 60M 7/84 F. Gasch's Sons F.H. P.A. Hyattsville, Md (VRA 15, 4)



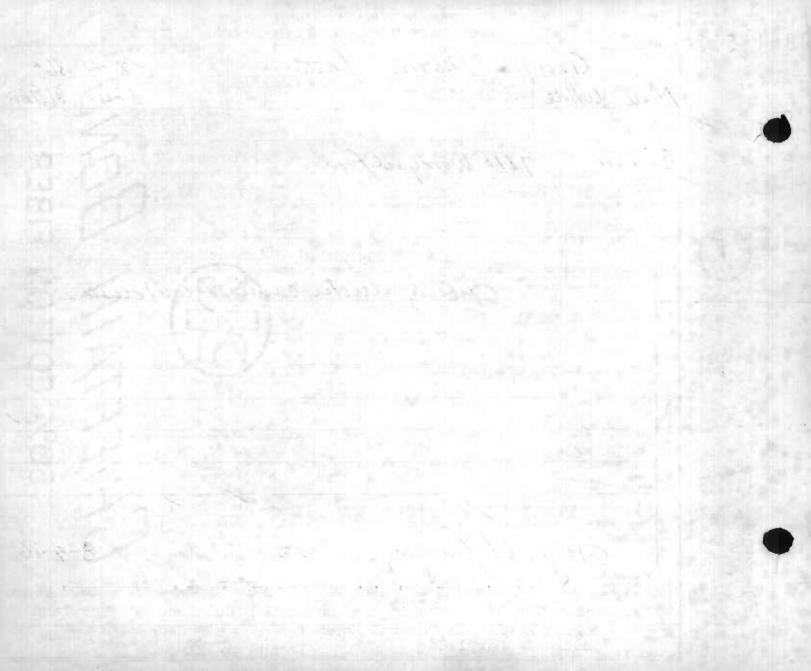


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME a. DATE KNOWN (X) 2b HOUR (TYPE OR PRINT) SHIRLEY JEAN. WRIGHT Aug 11 1086 DEATH MATED 4. RACE 5. DATE OF BIRTH F UNDER 24 HRS DATE White Mar PRONOUNCED Aug 11 ,86 Female DEAD Th CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC USA Prince George's IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 8108 Daniel Drive Nursing Home Secretary Forestville SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Forestville ADDRESS Daniel Drive Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME

Edith MIDDLE Masons 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDREWALGORE MO 577 42 2160 Edith Wilson 2281 Vine Hill Ct No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Adenocarcinoma of the pancreas with metastasis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Natural causes X death resulted framA Hamicide Undetermined monner TITLE (SPECIFY) 8/14/1986 Deputy EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 23th NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery Suitland COUN Maryland Burial 14Aug1986 07/84 BP 25M 24 FUNERAL DIRECTOROBERT E WILHELM Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Suitland Maryland (VR A15 ME (5)) ~a Laurdson trandis

The second of the standard of the second of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN TO MONTH 26 HOUR TYPE OR PRINT OF ESTI-DEATH MATED 2d HOUR 6 AGE (IN YEARS DATE 75 BIRTHDAY) PRONOUNCED DEAD Prince George's TE CITIZEN OF WHAT COUNTRY? NEVER MARRIED Washington DC USA WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS USINGSV't Foreman GPO 134 INSIDE (ITY LIMITS2 13 STREET ADDRESS WOOdyard Road Pr George's Clinton 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Stant Gideon Bertha Yates ADDRESS 5821 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES! 44 8501 Mabel Elizabeth Yates Forestville Md No 215 18 CAUSE OF DEATH (Enter only one cause per lyce to a late and (c) lea selectre cardio VIs Cabo desteso PART I DEATH WAS CAUSED BY A BURIAL HYGEN H AND MENTAL HYGEN H TION, OR REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO FORWARDED TO THE CH OR: PAGE 3 SHOULD BE U HE STATE DEPARTMENT O ND, 21201 PROR TO BUR 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED II LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PX AFTER DEATH, WITH THE STY BANTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autapsy Notural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME wez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto 23a. BURIAL, CREMATION, REMOVAL Surtland Burial 7Aug1986 Washington National "Maryland 07 84 250. DATE REC'D BY REGISTRAR 251, REGISTRAR'S SIGNATURE 25M Wilhelm Funeral Home 24 FUNERAL DIRECTROBERT **DHMH - 17** Suitland Maryland (VR A15 ME (5))



| | | 1 . | | STATE OF MARYLAND | 13 |
|---------------------------------------|--|---------------|---|---|-------------------------|
| 00 | -1583 | FO | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 4 2 |
| 00 | 1000 | 71 - ST. | GISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| | | | ASED NAME FIRST | REG. NO. | |
| | | (TYPE O | TOLD I TAME | MIDDLE LAST 20. DATE KNOWN OF ESTI- | DAY YEAR 26 HOUR |
| | SARY, PLEASE HAL DRECTOR. O'YOUR FILES. ITHIN 72 HOURS WESTON STREET, | | Melvin | | 0 / 1006 |
| | A C B S B | 3. SEX | | Teoli found, Jr. 8/ | 9/ 1986 M |
| | 교교등으로 | 3. 3LA | | MONTH DAY YEAR LAST BIRTHDAY) MONTHS! DAYS LIQUES AND PRONOLINGED | 5:57 |
| | ×2555× | 111 | We Black | 2 / El ZAVIS | 9/ 1986 PM |
| The same | SARY, PL AL DIREC YOUR P MIN 72 HO STON ST | 12. DIDT | | 76. CITIZEN OF WHAT COUNTRY? 8 SALTIMORE CITY OR COUNTY | |
| Contract of | SERVE | ONEI | GN COUNTRY) | MARRIED NEVER MARRIED P | OFDEATH |
| 100 | 77.77 | MA | ruland | USA WIDOWED DIVORCED Prince George's | County |
| - | HWS / | 10 CITY | | TITING OCOLGE 3 | County, MD. |
| 2 | THE STATE OF | 10 0111 | | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) | OR INDUSTRY_ |
| -5 | | | Clinton | Southern Maryland Hospital Laborer | KARLY Shan |
| J | NO SOLUTION | USUALF | RESIDENCE LIF IN NURSING HOME OF O | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | DOLLY C.O. |
| 9 | 50250 | 139/57A | | | 71 -11 - |
| 17 | まる品合品 | VMa | ruland Prince | E (JEA / Drandywine) YES W NO HOWASCA K | 1 20613 |
| o o | # 2000 - | 14 FATE | EPS NAME | 15. MOTHER'S MAIDEN NAME | |
| 2 | E-220 | 11 | FIRST | MIDDLE LAST SERVICE MIDDLE | 7 LAST |
| - 12 | 2230 | 141 | elvin L. | Young Sr. /illian D. | Treen |
| 9 | 83846 - | Iáa. WA | S DECEASED EVER IN U.S. ARMEI | | 1.001 |
| / / / / / / / / / / / / / / / / / / / | 単記のおや / | | NO. OR UNKNOWN) IF YES, GIVE WAI | | Oak or. |
| 1 4 | ASTAR! | | | Floria Brooks Waldorf. M | W. 20601 |
| | S S S S | 11 | CALISE OF DEATH (Enter only | one cause per line for (o), (b), and (c).) | APPROXIMATE INTERVAL |
| 1 | BE ONE | 1 | PART I DEATH WAS CAUSED B | BY: | BETWEEN ONSET AND DEATH |
| 2 | ESERSE. | - | CAL MIMMEDIATE | DCOLTO T TO C | |
| 0 | 9-3-55 | // | | DUE TO, OR AS A CONSEQUENCE OF | |
| 19 | 幸るのは工芸 | | Conditions, if ony, which | | |
| 2 | EDBAKK | | gave rise to immediate |) (b) | |
| 3 | 335EE8 | | cause (a) stating the under- | DUE TO, OR AS A CONSEQUENCE OF | |
| 5 | HZXZXZ | | lying cause lost. | | |
| - 2 | CERTIFICATE SHOULD BE EXECUTED THE WORD "PENDING. IN SEED TO THE CHIEF WEDICAL EXAMENTED BE USED AS A BURNA DEPARTMENT OF HEALTH AND IL PRIOR TO BURIAL, CREMATION. | | | (c) | |
| 9 | AASISAA | 2 | ART 2 OTNER SIGNIFICANT CONDITIONS CON | ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d). | |
| 8 | D BE ENDINICAMEDICAME | | | | |
| RECO | - CANARA | 1 6 1 | D. T. O. C. | | |
| 3 | 글: # 연표 4 | 5 " | O. DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| VITAL | SHOULD ORD "PE CHIEF A | 重 | | | YES V NO |
| > | THE CHIENT THE CHIENT THE CHIENT OF T | CERTIFICATION | a EXTERNAL CAUSE WAS | 216. TIME OF INJURY 216. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM IT PART 1 OR PART | 1 1 |
| ō | A THE WALLE BY THE BY | | NDERLYING DOR | 216. TIME OF INJURY HOUR XXX MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART | 2) |
| Z | ARTOUR ARTON | ₹ C | ONTRIBUTING CAUSE OF DEA | | |
| DIVISION OF | SENTE TO SED TO | | d. INJURY OCCURRED | 21e PLACE OF INJURY LATHOME. 211 LOCATION | |
| ≥ | A = 9.38 = 2 | W V | | STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN | ITY STATE |
| ٥ | SE S | A | TWORK ATWORK | | Geo.Co., Md. |
| | F. X & E. Z | | | | co.co., Ma. |
| | A SHE ON HE | | 220 I certify that I took charge o | of the refrouns described above, held an Autopsy K. Inspection . Inquiry . and in my opin | nion |
| | NO LEE | | death resulted from: Natural | | |
| | SEP MES | | death resolved from: Notoral | Actor 127, Suicide 1, Homicide 1, Underermined manner 1, | |
| | 以前は日≥★ | | CTILL | TITLE (SPECIFY) | |
| | HONE | S | CTUAL GNATURE | M.D. Assistant MEDICAL EXAMINER SIGNED | 8/10/86 |
| | SER REAL | | | SIGNED | |
| | 95750X | (E) | AMINER'S NAME | COMP. D. Variefferen M.D. | |
| | S G G G G G G G G G G G G G G G G G G G | (T | YPE OR PRINT)Grec | gory R. Kauffman, M.D. ADDRESS 111 Penn St. | |
| | TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TO PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIGRE | 23a. BUR | AL, CREMATION, REMOVAL 236 | DATE . 23 NAME OF CEMETERY OR CREMATORY 238 LOCATION | |
| | | (SPE | | TA 101 CUDICE CU CE DY ORTOWN | STATE |
| 07/84 | BP | 1 | Urial 15 | 5 MUG DECHKIST CH. LEM IBRANDYWINE, P. | 7. /VID. |
| 25M | | 24 FUN | ERAL DIRECTOR | 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIC | SNATURE |
| | | | | | |
| | DHMH - 17 (VR A15 ME (5)) | 117 | -17000/00 | ADDRESS ALLO DO ADDRESS | Randalle |

